NOTICE OF MEMBERSHIP INTAKE
(please type)

The officers and members of ___________________________ are proud to announce the intake of new members for the Fall or Spring (circle one) semester of ________________.

Interest Meeting(s) will be held on ____________________________

Selection will conclude on _________________________________

Candidate Education/Intake process begins on _______________________

Candidates will be initiated on _________________________________

New Members will be presented on _______________________________

Location and rain site for presentation ______________________________

The person in charge of intake for the Chapter will be: ____________________________

The chapter advisor supervising intake for the Chapter will be: _______________________

Name ____________________________ Name _______________________________
Title in Chapter ____________________________ Title in Chapter ____________________________
Phone number ____________________________ Phone number ____________________________

The above information is accurate and correct to the best of my knowledge.

President’s Name Printed ___________________ President’s Signature ___________________ President’s Phone ___________________

Chapter Adv.’s Name Printed ___________________ Chapter Adv.’s Signature ___________________ Chapter Adv.’s Phone ___________________

Department Use Only: Date of Meeting I: ____________________________