

**GREEK LIFE
CALIFORNIA STATE UNIVERSITY, FRESNO**

NEW MEMBER ROSTER



Chapter: _____ Date: _____

New Member Educator: _____

Phone: _____ Email: _____

New Member Class President/Leader: _____

Phone: _____ Email: _____

Name	Fresno State ID #
1.	
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20.	

Number of recruitment/intake events held: _____
 Total number of students in attendance _____
 Number of students offered invitations to join: _____
 Number of students accepting invitations to join: _____
 Start date of New Member Education Program: _____
 End date of New Member Education Program: _____
 Proposed date for Initiation/Crossing: _____

Verification Signatures:

President's Signature: _____ Date: _____

New Member Educator: _____ Date: _____

Advisor: _____ Date: _____

If approval is needed from you Inter/National Headquarters a letter approving Intake must be included with this form