

# New Initiate Form - Fresno State Chi Epsilon

[All information must be provided and will be needed for Chi Epsilon national records]

**FOR CHAPTER OFFICE USE ONLY**

Date initiation fees paid:	
Amount Paid:	
Method Paid:	
Received by:	
Date of Initiation:	

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First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: (Jr, Sr, I, etc) \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Mailing: \_\_\_\_\_  
\_\_\_\_\_

Current Mailing: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

Birth City: \_\_\_\_\_

Birth State: \_\_\_\_\_ Birth Country \_\_\_\_\_

Year of expected graduation: \_\_\_\_\_ (yyyy)

Membership type: \_\_\_\_\_  
(ie undergrad, grad, alumni, chapter honor member, faculty member)



**FRESNO STATE**