**GVSU Office of Student Life - Fraternity & Sorority Life**

Date Received:

Date Entered:

**VERFICATION OF NEW MEMBERS FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Fraternity/Sorority | Click or tap here to enter text. | Date | Click or tap to enter a date. |
|  |
| We hereby declare that the following individuals have accepted a bid and/or have submitted a formal application to be considered for membership in our organization. If selected, pending any regional/national approval needed, and upon successful completion of the new member education or intake process, these individuals will be initiated into our organization. |
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| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |  |  |
| Total Number of New Members |  | Chapter Officer Name |  | Chapter Officer Title |  | Chapter Officer Signature |

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| --- | --- | --- |
| **New Member’s****First & Last Name** | **GVSU Email Address** | **Cell Phone Number** |
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