ROSTER OF CURRENT MEMBERSHIP FOR GREEK ORGANIZATIONS

GREEK ORGANIZATION NAME: _____

By signing this membership form I give permission to have my cumulative and semester grades and enrollment status checked by the University Activities Office and given to the National Office for this organization. I understand that the viewer does have the responsibility to maintain confidentiality.

Attach additional sheets as needed and return to the University Activities Office.

PRINT NAME (LAST / FIRST / MI)	ADDRESS	PHONE	EMAIL	SIGNATURE	DATE