

**University of Illinois at Urbana-Champaign
Fraternity and Sorority Affairs
Notice of Intention to Conduct Membership Intake**

Organization: _____

Semester: _____

Informational meeting date: _____

New Member Process will begin: _____

Initiation date: _____

New member presentation date: _____

Chapter member responsible for intake:

Chapter Advisor Supervising:

Name

Name

Title in Chapter

Graduate Chapter

Phone number

Phone number

E-mail address

Email Address

In signing this document, I certify that I understand the Membership Intake & New Member Presentation Show Guidelines. I also certify that the above information is correct to the best of my knowledge and understand the Office for Fraternity and Sorority Affairs' expectation that should any of this information change, they should be notified in a timely fashion.

Chapter President's Name (printed)

Chapter Advisor's Name (printed)

Chapter President's Signature

Chapter Advisor's Signature

Chapter President's Phone Number

Chapter Advisor's Phone Number

For Office Use Only

Date submitted: _____

FSA Staff Member: _____

Copies: Chapter File Chapter President Chapter Advisor