Grambling State University Office of Campus Activities & Student Engagement

Organization Membership Information FormSemesterYear						
Name of Organization: _	Chapter Name					
President Name		Adviser Name				
Enter Student Name and	Student G Number	rs in columns p	rovided below.			
<u>NAME</u>	STUDENT G NUMBER	TOTAL HOURS EARNED	CUMULATIVE GPA	HOURS REGISTERED THIS SEMESTER	Yearly Hazing Training complete	

Authorization: Verification by: ______Date__

Student Organization Coordinator

Registrar