**Organization Membership Information Form**

Semester: \_\_\_\_\_\_\_\_\_\_ Date: 20\_\_\_\_\_\_

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adviser Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(***LIST ALL* CURRENT *MEMBERS INCLUDING OFFICERS! Show name and G # only (only Gray columns);* leave all other columns blank*)***

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| **NAME** | **G**  **NUMBER** | **PREVIOUS SEMESTER GPA** | **CUMULATIVE GPA** | **HOURS REGISTERED THIS SEMESTER** | **TOTAL HOURS EARNED** | **HAZING**  **TRAINING**  **COMPLETE** |
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Authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Organization Coordinator Registrar

(Make a copy of this form if additional pages are necessary)