Notice of Membership Intake  
(MGC/NPHC)  
(Type or print clearly in blue or black ink)

The officers and members of the __________________ chapter of __________________

☐ Will         ☐ Will not
conduct membership intake during the ______ (fall or spring) semester of ______ (year).

Membership Intake Process Information

Chapter Contacts:
Chapter President: __________________________
FSU E-mail: __________________________ Phone: __________________________

Chapter Member in Charge of Intake: __________________________
Officer Position within the Chapter: __________________________
FSU E-mail: __________________________ Phone: __________________________

Chapter Advisor: __________________________
E-mail: __________________________ Phone: __________________________
Sponsoring Graduate Chapter: __________________________

Intake Outline
Informational/Interest Meeting Date(s): __________________________
Education of Aspirants/Intake Process Begins: __________________________
Initiation Date (no later than April 6, 2014): __________________________
New Member Presentation/Probate: __________________________

The above information is accurate and correct to the best of my knowledge. I understand that any modifications to this membership intake plan must be reported to the Office of Greek Life within 2 class days of the change. Failure to report full and accurate information may result in referral to the Office of Student Rights and Responsibilities.

________________________________________________________________________
Chapter President (printed)          Signature          Date

________________________________________________________________________
Chapter Advisor (printed)            Signature          Date