New Member Roster Verification Form
Office of Fraternity & Sorority Life
University of North Florida

Organization Name: ____

We hereby declare that on ___________________ (date submitted), the following individuals have been offered membership, and accepted their offer, into our organization. From here moving forward they are considered new members and any changes will be updated with the Office of Fraternity and Sorority Life.

Total Number of New Members Chapter President Signature Chapter Advisor Signature

New Member Name (First & Last) New Member N# New Member Preferred Email

1.

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