Georgia Regents University
Notice of Membership Intake Intent

Type or print clearly in blue or black ink. This form due five business days after the start of classes each semester.

The officers and members of the ____________________ chapter of ____________________
☐ Will ☐ Will not conduct membership intake during the ________ (fall or spring) semester of _________ (year).

Membership Intake Information

Chapter Contacts:

Chapter President: ____________________________
GRU E-mail: ____________________________ Phone: ____________________________

Chapter Member in Charge of Intake: ____________________________
Officer Position within the Chapter: ____________________________
GRU E-mail: ____________________________ Phone: ____________________________

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

Intake Outline (only complete if your chapter will have intake)

Informational/Interest Meeting Date(s): ____________________________

Education of Aspirants/Intake Process Begins: ____________________________

Initiation Date: ____________________________

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 Coordinator of Greek Life & Leadership within 2 class days of the change. Failure to report full and accurate information may result in referral to the Dean of Students Office.

__________________________  ____________________________  ____________________________
Chapter President (printed)  Signature  Date

__________________________  ____________________________  ____________________________
Chapter Advisor (printed)  Signature  Date