

STATE UNIVERSITY OF NEW YORK AT NEW PALTZ

Student Activities and Union Services

Student Union Building, Room 211 845-257-3025

FRATERNITY & SORORITY ROSTER

Please fill out this roster and return to the Office of Student Activities & Union Services no later than Friday, February 5, 2010 at 12:00PM.

Please note your organization will not be able to participate in the Club & Activities Fair, Meet the Greeks, New Member Education, and will not be able to FUSE rooms/events until this is completed (rooms/events that are currently FUSEd will be canceled).

Organization:			
Chapter:			
Sorority/Fraternity Officers: Please note that the Fraternity/Sorority Officers should also be listed on the Roster on Page 2.			
President:			
Vice-President:			
Secretary:			
Treasurer:			
New Member Educator:			
Community Service:			
UGA Representative:			
Sub-Governing Board Representative:			
An Advisor Agreement Form must be submitted in addition to this roster.			
Staff/Faculty Advisor:Department:			
List the Regional/National Advisor for your chapter:			
Name: Phone:			
List the alumni/graduate member who supports and advises your chapter:			
Name: Phone:			

Please list each chapter member who currently attends SUNY New Paltz. List their full names, local school address, phone number, expected graduation, and semester initiated. Please use full names - not nicknames. Each student must provide their signature as well – this verifies that the information is correct, and also gives the Office of Student Activities permission to access cumulative and semester GPAs, and report them to National/Regional Offices as necessary.

Full Name:	Local Address:	Initiated (Semester, Year):
Signature:	Cell Phone Number:	Graduation (Semester, Year):
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Please attach additional typed sheets, if necessary.			
My signature indicates that all of the information listed is accurate. All active members of the fraternity/sorority are listed and are current, full-time, undergraduate SUNY New Paltz students.			
Roster Completed by:// (Printed Name) / (Signature)			
Signature of Chapter President:			
Office Use Only:			

Updated Files?

Date Received

Initials