



**STATE UNIVERSITY OF
NEW YORK AT NEW PALTZ**
Student Activities and Union Services
Student Union Building, Room 209
845-257-3025

FRATERNITY & SORORITY ROSTER

Please fill out this roster and return to the Office of Student Activities & Union Services no later than Wednesday, January 28, 2009 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: _____

List a contact person if media and/or potential members request information about your organization:

Contact Person: _____ Phone: _____

An Advisor Agreement Form must be submitted in addition to this roster.

Staff/Faculty Advisor: _____ 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.

[illegible]

Full Name:	Local Address:	Initiated (Semester, Year):
Signature:	Cell Phone Number:	Graduation (Semester, Year):
Full Name:	Local Address:	Initiated (Semester, Year):
Signature:	Cell Phone Number:	Graduation (Semester, Year):
Full Name:	Local Address:	Initiated (Semester, Year):
Signature:	Cell Phone Number:	Graduation (Semester, Year):
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Full Name:	Local Address:	Initiated (Semester, Year):
Signature:	Cell Phone Number:	Graduation (Semester, Year):
Full Name:	Local Address:	Initiated (Semester, Year):
Signature:	Cell Phone Number:	Graduation (Semester, Year):

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:	_____	_____	_____
	Date Received	Updated Files?	Initials