



**ASU NOTICE OF MEMBERSHIP INTAKE INTENT FORM**

The officers and members: \_\_\_\_\_

Are proud to announce the intake of new Members for the Fall or Spring (circle one) semester of: \_\_\_\_\_ Year

Interest Meeting (s) will be held on:

Selection will conclude on:

Education of aspirants/Intake process begins on:

Potentials will be initiated on:

New Members will presented on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ at (location): \_\_\_\_\_

<p>The person in charge of intake for the Chapter will be:</p> <p>Name _____</p> <p>Title in Chapter: _____</p> <p>Phone Number: _____</p>	<p>The chapter advisor supervising intake for the Chapter will be:</p> <p>Name: _____</p> <p>Title in Chapter: _____</p> <p>Phone Number: _____</p>
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We certify that the above information is accurate and true. We understand that any changes after this form is submitted must be approved by the advisor.

President's Name Printed:	President's Signature:	President's Phone:
Chapter Adv.'s Name Printed:	Chapter Adv.'s Signature:	Chapter Adv.'s Phone: