Membership Intake Intent Form
University of North Florida

This notice is to inform the Office of Fraternity and Sorority Life that the ___________________ chapter of ___________________ will be conducting membership intake during the ___________________ semester of ___________________.

This form should be submitted to OFSL prior to any intake activity, with the chapter verifying that all information at OFSL is correct and up-to-date. Only candidates that are enrolled at the University of North Florida during the semester in which intake is scheduled to occur are eligible for membership (unless the chapter charter specifically states membership is permitted at other institutions). This form will be kept confidential and will be shared only with proper university and national officials.

Membership Intake Information (only complete if conducting intake this semester)

A. Chapter Information
Chapter Membership Intake Coordinator: ________________________
Email: ________________________  Phone: ________________________

Advisor Overseeing Intake: ________________________
Email: ________________________  Phone: ________________________

Regional/National Director: ________________________
Email: ________________________  Phone: ________________________

B. Intake Outline
Interest Meeting Date(s): ________________________ and ________________________
Start of Process: ________________________
End of Process (Initiation Date): ________________________
Presentation Date of New Members (suggested 8 weeks): ________________________

Has membership intake been approved by the Graduate Chapter and/or the National Office? YES NO

We, the undersigned, attest that the above information is accurate and correct to the best of our knowledge. Furthermore, we agree to the following as a condition of membership intake:

a. comply with local, state, federal, university, and inter/national organization policies
b. inform OFSL of any changes to our membership intake schedule
c. enter candidates into ORACAL within 3 days of the start of the process
d. inform OFSL of any removals or dropouts during the intake process
e. the new member process will be held in compliance with the organization’s intake procedures and the University of North Florida’s stated policies and procedures.

___________________________  ________________________  ________________
Chapter President  Signature  Date

___________________________  ________________________  ________________
Chapter Advisor  Signature  Date

___________________________  ________________________  ________________
OFSL Representative  Signature  Date
The following undergraduate students meet all requirements for membership and have been submitted for approval from the Regional/National Headquarters for participation in our Membership Intake Process. (Print clearly and attach additional pages as necessary.)

<table>
<thead>
<tr>
<th>Name</th>
<th>N#</th>
<th>GPA</th>
<th>Total Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>2. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>3. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>4. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>5. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>6. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>7. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>8. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>9. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>10. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>11. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
<tr>
<td>12. ______________________</td>
<td>_______</td>
<td>______</td>
<td>_____________</td>
</tr>
</tbody>
</table>

I hereby certify that all of the above information is accurate; that my chapter has been approved to conduct the Membership Intake Process by Regional/National Headquarters; that my Chapter/Graduate Advisor is involved in all Intake activities of my undergraduate chapter; that my chapter, its members, and alumni/ae will abide by all University policies and procedures.

_________________________________________  ______________________________________
Chapter President Signature/Date               Graduate/Chapter Advisor Signature/Date