UNIVERSITY OF ARKANSAS AT PINE BLUFF
Pine Bluff, Arkansas

PERSONS INITIATED INTO THE ORGANIZATION

PLEASE TYPE IN ALPHABETICAL ORDER

Name of Organization ______________________________ **Chapter** ____________________

President ______________________________ **Advisor** ______________________________
SIGNATURE **SIGNATURE**

Semester: **FALL** ☐ **SPRING** ☐ **YEAR** ____________________

SS #	STUDENT NAME	LOCAL ADDRESS	TELEPHONE	HOME ADDRESS

NOTE: MUST BE SUBMITTED THREE (3) DAYS AFTER INITIATION INTO ORGANIZATION

SIL 9/01