



NEW MEMBER ROSTER

FRATERNITY/SORORITY: _____ DATE: _____

Please list all new members of your organization including his/her Social Security Number and have them sign this form.

<i>PRINT NAME CLEARLY</i>	<i>SIGNATURE</i>	<i>University Identification Number</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

<i>PRINT NAME CLEARLY</i>	<i>SIGNATURE</i>	<i>SOCIAL SECURITY NUMBER</i>
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		

<i>PRINT NAME CLEARLY</i>	<i>SIGNATURE</i>	<i>SOCIAL SECURITY NUMBER</i>
41.		
42.		
43.		
44.		
45.		
46.		
47.		
48.		
49.		
50.		
51.		
52.		
53.		
54.		
55.		
56.		
57.		
58.		
59.		
60.		
61.		
62.		
63.		