Verification of Initiates

due two (2) business days following initiation

Verification of Initiates

Semester	
Year	
Organization	
Total Number of Initiates	
Date of Initiation Ceremony	

A. Verification

List the individuals fully initiated to your organization for the semester and year listed above.

First Name	Last Name	Lehigh Email	LIN

First Name	Last Name	Lehigh Email	LIN

First Name	Last Name	Lehigh Email	LIN

B. Acknowledgement

The signatures below indicate that the above listed individuals are fully initiated members of our organization and have been approved by our regional and/or inter/national organization.

Chapter President Name *(printed)* Signature Date

New Member Educator/Intake Coordinator Name *(printed)* Signature Date

Alumni Advisor Name *(printed)* Signature Date

Headquarters Contact Name *(printed)* Signature Date