



Membership Intake or Recruitment Form

This form must be submitted to the Fraternity and Sorority Life office immediately after the interviews/selection of new members or twenty-four hours prior to the start date of the official new member intake or recruitment process. **This form will be kept confidential and will be shared only with university officials.**

Please complete this form with names of the new members and attach the confirmation from the authorized national representative who has the authority to approve the intake program. Only candidates that are enrolled at Virginia Tech during the semester in which new member intake or recruitment process is scheduled to occur are eligible for intake and membership initiation. Additionally, each candidate must submit a Grade Release Form and Our Commitment to a Hazing-Free Fraternity and Sorority Life Experience Form (**which can be found on the Fraternity and Sorority Life website: <http://www.greeklife.vt.edu/resources/forms.php>**) prior to the start date of the official new member intake or recruitment process. After initiation, the chapter President or Director of Intake Activities must submit an updated chapter roster including member names and student ID numbers to the Fraternity and Sorority Life Office.

Organization: _____

Is your chapter planning on having a new member intake or recruitment process this semester? Yes No

Chapter officer in charge of the new member intake or recruitment process: _____

Telephone Number: _____ Email: _____

Date for new member selection: _____

Start date of official new member intake or recruitment process: _____

End date of official new member intake or recruitment process: _____

Intake/recruitment calendar must be attached to this form. Calendar must include all activities related to the new member education process (i.e. initiation, informational sessions, educational programs, etc.).

New members' name	PID	VT Student	
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No

If the number of new members exceeds the space available, please attach additional sheets as needed.

Chapter President
(Signature) **Date**

Fraternity and Sorority Life Representative
(Signature) **Date**

Chapter Advisor
(Signature) **Date**

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