



**STATE UNIVERSITY OF  
NEW YORK AT NEW PALTZ**  
*Student Activities and Union Services*

Student Union Building, Room 211  
845-257-3025

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# FRATERNITY & SORORITY ROSTER

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**Please fill out this roster and return to the Office of Student Activities & Union Services no later than Friday, February 5, 2010 at 12:00PM.**

*Please note your organization will not be able to participate in the Club & Activities Fair, Meet the Greeks, New Member Education, and will not be able to FUSE rooms/events until this is completed (rooms/events that are currently FUSEd will be canceled).*

**Organization:** \_\_\_\_\_

**Chapter:** \_\_\_\_\_

**Sorority/Fraternity Officers:**

*Please note that the Fraternity/Sorority Officers should also be listed on the Roster on Page 2.*

President: \_\_\_\_\_

Vice-President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

New Member Educator: \_\_\_\_\_

Community Service: \_\_\_\_\_

UGA Representative: \_\_\_\_\_

Sub-Governing Board Representative: \_\_\_\_\_

An Advisor Agreement Form must be submitted in addition to this roster.

Staff/Faculty Advisor: \_\_\_\_\_ Department: \_\_\_\_\_

List the Regional/National Advisor for your chapter:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List the alumni/graduate member who supports and advises your chapter:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_



Full Name:	Local Address:	Initiated (Semester, Year):
Signature:	Cell Phone Number:	Graduation (Semester, Year):
Full Name:	Local Address:	Initiated (Semester, Year):
Signature:	Cell Phone Number:	Graduation (Semester, Year):
Full Name:	Local Address:	Initiated (Semester, Year):
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Full Name:	Local Address:	Initiated (Semester, Year):
Signature:	Cell Phone Number:	Graduation (Semester, Year):
Full Name:	Local Address:	Initiated (Semester, Year):
Signature:	Cell Phone Number:	Graduation (Semester, Year):

Please attach additional typed sheets, if necessary.

**My signature indicates that all of the information listed is accurate. All active members of the fraternity/sorority are listed and are current, full-time, undergraduate SUNY New Paltz students.**

Roster Completed by: \_\_\_\_\_ / \_\_\_\_\_  
(Printed Name) (Signature)

Signature of Chapter President: \_\_\_\_\_

Office Use Only:

\_\_\_\_\_ Date Received

\_\_\_\_\_ Updated Files?

\_\_\_\_\_ Initials