Greek Life Recognition Form

Please *TYPE* and hand in

Organization:_____ # of Active Members in Chapter:_____

Sorority/Fraternity Officers:

President:_____ **Phone:**_____
Vice-President: _____**Phone:**_____
Secretary: _____**Phone:**_____
Treasurer: _____**Phone:**_____
New Member Educator:_____**Phone:**_____
Community Service: _____**Phone:**_____
Scholarship: _____**Phone:**_____

Staff/Faculty Advisor: _____ **Phone:** _____

Please list each chapter member who currently attends SUNY New Paltz. Include everyone including the E-board and contact person(s). List their full names, local school address, phone number, expected graduation, and semester initiated. Please use full names- Not nicknames. Submit a typed version by the deadline.

Name	**Local Address**	**Ext/Phone**	**Exp.Graduation** (Month/Year)	**Initiated** (Semester/Year)

By signing below I am agreeing that all of the information listed is accurate. All students listed are current registered SUNY New Paltz students.

_____

Signature of Chapter President/ Date Received by Student Activities & Union Services/ Date

Please fill out and return to the Office of Student Activities & Union Services SUB 209. Please note you will NOT be able to FUSE rooms until you complete this form and hand it in.