



Office of Student Development
New Member Initiation Form

Organization: _____

New Member Educator: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**By signing below, I confirm that all members listed above have been fully
initiated into _____ organization
at this date and time _____**

Signature: _____ **Date:** _____