

## NEW MEMBER PROCESS INTENT FORM FOR NPHC & MGC ONLY

This notice is to inform Sorority & Fraternity Affairs that \_\_\_\_\_  
Chapter **will / will not (MUST circle one)** be conducting membership intake during the  
\_\_\_\_\_ Semester.  
(Term/Year)

**NEW MEMBER PROCESS INFORMATION (ONLY COMPLETE IF YOUR CHAPTER IS PARTICIPATING THIS SEMESTER)**

**A. Chapter Contacts**  
 Chapter Membership Intake Coordinator: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor Overseeing Intake/New Member Process: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Regional/National Director: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Intake Outline**  
**Check [www.greeks.ufl.edu](http://www.greeks.ufl.edu) for Intake window dates.**

**NOTE:** Interest meetings and flyers are permitted before the intake window; however, the chapter **SHOULD NOT** under any circumstances have a formalized relationship with prospective members (interest groups, pre-pledging programs, etc.) prior to the beginning of the intake window.  
**Regardless of start date, all membership intake activities including initiation or newly initiated member presentation shows (formal and informal) SHALL end no later than end of window date.**

Interest Meeting Date(s) (if applicable): \_\_\_\_\_  
 Selection of New Members Date (Voting): \_\_\_\_\_  
 New Member Education Beginning Date: \_\_\_\_\_  
 Initiation Date: \_\_\_\_\_

Is Chapter Hosting a Presentation Show **(Y or N)**  
 If yes, proposed date(s) and time(s):

Date of Show 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_  
 Time of Show: 1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_ 3<sup>rd</sup> choice: \_\_\_\_\_

We, the undersigned, attest that the above information is accurate and correct to the best of our knowledge. Furthermore, as a condition of membership intake, we agree that the chapter must:

- A. have President and New Member Educator attend the *Outcomes of New Member Education* training session facilitated by the Office of Sorority & Fraternity Affairs at the chapter's respective council meeting.
- B. Comply with local, national, university, and inter/national organization policies regarding membership intake.
- C. inform the Office of Sorority & Fraternity Affairs of any changes to our membership intake schedule.

\_\_\_\_\_  
Chapter President (print)

\_\_\_\_\_  
Chapter President's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chapter Advisor (print)

\_\_\_\_\_  
Chapter Advisor's signature

\_\_\_\_\_  
Date