**FULL CHAPTER ROSTER**

***Please type this form. Use this roster for ALL undergraduate chapter members and indicate the semester initiated. Use additional copies of this form if needed.***

Organization Name Chapter Name

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| **Full Nam­­­e** | **Student Email** | **Student ID *(Last 4)*** | **Semester Initiated** | **Signature** |
| 1. |       |       |       |       |  |
| 2. |       |       |       |       |  |
| 3. |       |       |       |       |  |
| 4. |       |       |       |       |  |
| 5. |       |       |       |       |  |
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| 17. |       |       |       |       |  |
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| 19. |       |       |       |       |  |
| 20. |       |       |       |       |  |

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| **SIGNATURES** | **Print Name** | **Signature** | **Date** |
| **Chapter President** |       |  |       |
| **Campus Advisor** |       |  |       |
| **Intake Chair** |       |  |       |