**CHAPTER MEMBER VERIFICATION ROSTER**

***Please type this form. Use this roster for all active and inactive members of the chapter. Use multiple sheets as necessary.***

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| Organization Name | Chapter Name | Semester |

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|  | |  |  |  | For Office Use Only | | | |
| **Name** | | **Email** | **Semester Initiated** | **Active?** | **Service Hours (15)** | **Semester GPA** | **C-GPA** | **Approval/ Disapproval** |
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| **SIGNATURES** | **Print Name** | **Signature** | **Date** |
| **Chapter President** |  |  |  |
| **Campus Advisor** |  |  |  |
| **Intake Chair** |  |  |  |