Semester



Organization Name

CHAPTER MEMBER VERIFICATION ROSTER

Please type this form. Use this rster for all active and inactive members of the chapter. Use multiple sheets as nece:
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Chapter Name

	Name	Email	Student ID Number	Semester Initiated	Active?	Service Hours (15)	C-GPA	Approval/ Disapproval
1.	Justin Baker	Jbaker@pvamu.edu	P22418650	Spring 2025		15	4.0	
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	SIGNATURES	Print Name	1		Signature		ì	Date
	Chapter President Campus Advisor Intake Chair							