

Chapter:		Contact Person: Email:			
Membership Recruitment/Int (Include period from Informatio					
Initiation Date:	New Member Show:(If Applicable)				
Please list all candidates for a of Campus Life prior to submoney of this form to your Na	nitting any membersl	Each candidate	must be approto your Nation	•	-
To Be Completed By Chapter		To Be Completed by Campus Life			
Candidate Name	Laker ID #	CSU GPA Semester:	CSU Cumulative GPA	Approved Yes/No	Reason Code
Campus Life Only:					
Form Completed By:		Title	:		
Phone:	Email:				

REASON CODES: AFM (Approved for Membership) CON (Conduct Violations) DGR (Does not meet Grade Requirements) NEM (Not Eligible for Membership)