UNIVERSITY OF ARKANSAS AT PINE BLUFF
Pine Bluff, Arkansas

PERSONS INITIATED INTO THE ORGANIZATION

PLEASE TYPE IN ALPHABETICAL ORDER

Name of Organization _____ **Chapter** _____

President _____ **Advisor** _____
SIGNATURE **SIGNATURE**

Semester: **FALL** _____ **SPRING** ____ **YEAR** _____

SS #	STUDENT NAME	LOCAL ADDRESS	TELEPHONE	HOME ADDRESS

NOTE: MUST BE SUBMITTED THREE (3) DAYS AFTER INITIATION INTO ORGANIZATION

SIL 9/01