

UNIVERSITY OF ARKANSAS AT PINE BLUFF  
Pine Bluff, Arkansas

## PERSONS INITIATED INTO THE ORGANIZATION

PLEASE TYPE IN ALPHABETICAL ORDER

Name of Organization \_\_\_\_\_ Chapter \_\_\_\_\_

President \_\_\_\_\_ SignatR \_\_\_\_\_ Adviso r \_\_\_\_\_ SignatR \_\_\_\_\_

Semester: FALL \_\_\_\_\_ SPRING \_\_\_\_\_ YEAR \_\_\_\_\_

SS #	STUDENT NAME	LOCAL ADDRESS	TELEPHONE	HOME ADDRESS

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