

# Chapter Membership Additions

<i>Last Name</i>	<i>First Name</i>	<i>Student ID#</i>	<i>Signature Required</i>	<i>New</i>	<i>Transfer Student</i>	<i>Reaffiliated</i>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
..... <i>By signing this form you agree to release grade information to your chapter and (inter)national organization.</i>						
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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