**Organization Membership Intake Request Form**

**Section 1. Intent**

This is to inform the Office of Student Activities that the organization will☐/will not☐ be conducting Membership Intake during the Fall☐/Spring☐ semester of \_\_\_\_\_\_ (year).

**Section 2. Member Intake Information (to be completed only if Membership Intake will be conducted)**

A. Organization Contacts

|  |  |  |  |
| --- | --- | --- | --- |
| Officer | Name | Phone | Email |
| President |  |  |  |
| Membership Intake Coordinator |  |  |  |
| Organization Advisor Overseeing Intake |  |  |  |
| Regional/National Representative |  |  |  |

B. Tentative Intake Outline

|  |  |
| --- | --- |
| Tentative Interest Meeting Date: |  |
| Tentative Membership Intake Completion Date: |  |
| Tentative Date of Showcase and Preview Day: |  |

We, the undersigned, attest that the above information is accurate and correct to the best of our knowledge. Furthermore, we agree to the following conditions of Membership Intake:

1. We will comply with all of the policies and procedures regarding Membership Intake put in place by Tennessee State University and our inter/national organization.
2. We will comply with local and federal laws, and university and inter/national organization rules, standards, and codes during the Membership Intake process.
3. We will inform the Office of Student Activities of any changes to our Membership Intake schedule by the required deadline.
4. We will comply with all rules and regulations of the National Pan-Hellenic Council Greek Showcase Policy.

Organization President Name Signature Date

Membership Intake Coordinator Name Signature Date

Organization Advisor Name Signature Date