

# DELEGATES ROSTER

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Chapter: \_\_\_\_\_

Please place a check in the box next to the organization that you are affiliated with:

IFC

NPHC

Panhellenic

UCCFS

UCGC (Co-Ed)

DELEGATE: \_\_\_\_\_

NAME

\_\_\_\_\_

EMAIL

ALTERNATE: \_\_\_\_\_

NAME

\_\_\_\_\_

EMAIL

INTER GREEK COUNCIL DELEGATE:

\_\_\_\_\_

NAME

\_\_\_\_\_

EMAIL

## Strength Report

Number of Active Members: \_\_\_\_\_

Number of New Members: \_\_\_\_\_

These are persons who are **currently going through a new member education or intake process**. They are affiliated with your organization but are NOT YET considered members or senior members.

