

Membership Update form

Date: _____

Organization: _____

Chapter: _____

Number of Members who transferred to another school at the end of the Fall /Spring semester: _____. They are:

_____	_____
_____	_____
_____	_____

Number of members who graduated from the University at Buffalo at the end of the Fall/Spring semester: _____. They are:

_____	_____
_____	_____
_____	_____

Total number of active members: _____

Please return this completed form to:

Assistant Director for Greek Affairs
University at Buffalo
150 Student Union
North Campus

fax: (716) 645-2371

Individual completing this form: _____



student *life*

