National Pan-Hellenic Council
Chapter Membership Intake Requirements

ORGANIZATION REQUESTING PERMISSION
TO CONDUCT MEMBERSHIP INTAKE:

Prior to arranging a meeting to discuss membership intake with the Assistant/Director of Fraternity & Sorority Life:

Step 1: Provide a written letter wherein permission to conduct intake is explicitly given from a regional/district director. This must be done each time a request to conduct intake is submitted. This step must be completed before moving on to step two.

Step 2: Provide a confirmed list of collegiate members who are allowed to be associated with the membership intake process. This may be part of the letter from the regional/district director. This step must be completed before moving on to step three.

Step 3: Once steps one and two have been successfully completed, a meeting with the Assistant/Director of Fraternity & Sorority Life needs to occur.

Meeting with Assistant/Director of Fraternity & Sorority Life to review the following (chapter requesting intake must have the following prepared and ready for the meeting):

Please place checkmarks next to each item on the checklist:

- Membership Intake Advertisement Date(s)
- List of Dates, including location and summary of activities (chapter advisor must be present)
- Once the Informational Meeting has been completed, “Grade Confirmation Cards” (located on the FSL website) must be turned in for each student in attendance to the FSL Office within two business days
- An Outline of Membership Intake dates including, but not limited to, must be submitted
- Collection of Initiation Fees, Due Date, and paid to whom
- Names of New Paid Initiates (after the money has been collected, these names must be submitted prior to any interviews being scheduled
- Personal interview dates and an updated list of initiates
- Provide a list of all meetings, events, and processes which initiates are required to attend
- Provide the Probate Date, time, and location (most organizations prohibit probates, so a clear date must be set, if it is allowed to happen)

***Failure to complete any of the above steps in full can result in the chapter being charged for conducting an unauthorized membership intake process. After all steps have been successfully completed, a signed form with all of the below signatures will be returned to the president of the organization. Once all signatures have been provided to the chapter, approval to conduct membership intake has been granted.
Once the below signatures are in place, 

has been granted permission to conduct membership intake for the _____________ (semester) of 

__________ (year).

_________________________________________ Date: ________________________________
Chapter President

_________________________________________ Date: ________________________________
Chapter Vice President

_________________________________________ Date: ________________________________
Membership Intake Chair

_________________________________________ Date: ________________________________
Chapter Advisor

_________________________________________ Date: ________________________________
Faculty/Staff Advisor

_________________________________________ Date: ________________________________
Assistant Director, Fraternity & Sorority Life

_________________________________________ Date: ________________________________
Director, Fraternity & Sorority Life
Membership Intake Information
National Pan-Hellenic Council

________________________ will start its membership intake program on

Name of Organization

________________________

Beginning Date

________________________

Ending Date

All activities associated with intake will end on ______________________.

Students participating in the membership intake program must have a cumulative grade point average of at least 2.5/4.0 and must have completed a minimum of 12 hours (full-time) and must be currently enrolled as an undergraduate student at Indiana State University.

The following students satisfy all of the requirements for membership and have been approved to participate in our membership intake program: (please print)

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*if you need add additional names please print out another sheet

___________________________________________

Signature of Alumni/Graduate Advisor		/ /

Date

___________________________________________

Signature of Faculty/Staff Advisor		/ /

Date

___________________________________________

Signature of Assistant Director of FSL		/ /

Date
*A complete packet and request to conduct Membership Intake must be turned into the FSL office staff 1 month in advance. Intake may not begin until after receiving written permission from FSL.

Prior to any event associated with intake, including but not limited to informational meetings, the chapter president, chapter intake officer, the primary alumni/graduate advisor, and the intake alumni/graduate advisor(s) must meet with staff from Student Activities and Organizations and the Dean of Students.

Written permission to conduct intake will only be given after the meeting and all documents are turned in to the SAO office. Any events occurring without explicit written permission will be shut down, prospective membership will be invalidated, and judicial proceedings may follow.

**Membership Intake Schedule of Events**

**All events must be listed**

**Organization: ____________________________________________________________**

**Name of Event: _____________________________**
Date: _____________________________
Time: _____________________________
Location: _______________________________________________________________

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Date: _____________________________
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Location: _______________________________________________________________

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Date: ___________________________
Time: ___________________________
Location: _______________________________________________________________

_____________________________ / / __________________
Signature of Chapter President   Date

_____________________________ / / __________________
Signature of Intake Advisor      Date

_____________________________ / / __________________
Signature of Alumni/Graduate Advisor  Date

_____________________________ / / __________________
Signature of Assistant Director of FSL  Date

*Any fliers or publicity associated with the events must also be attached***
*** Any events which are not open to the public MUST have at least one advisor present***