

Membership Status Report

Return to: Beta Sigma Psi National Fraternity
National Headquarters
2408 Lebanon Avenue
Belleville, IL 62221

DUE TO THE NATIONAL HEADQUARTERS ON SEPTEMBER 15 AND FEBRUARY 15

CHAPTER: _____ SEMESTER: _____

Please list all members who have been initiated as Associate or Active Members
that are enrolled as a student at your university/college.
This report WILL be reconciled with your university/college roster.

<i>Name:</i>	<i>Cumulative GPA:</i>
<i>Home Address:</i>	<i>Email Address:</i>
<i>City, State, ZIP:</i>	
<i>Phone Number:</i> ()	<i>Phone Number:</i> ()
<i>Major:</i>	<i>Estimated Graduation Date:</i>
<i>Please Circle:</i> First Semester Associate Member Second Semester Associate Member Active Member	
<i>Offices Held:</i>	

<i>Name:</i>	<i>Cumulative GPA:</i>
<i>Home Address:</i>	<i>Email Address:</i>
<i>City, State, ZIP:</i>	
<i>Phone Number:</i> ()	<i>Phone Number:</i> ()
<i>Major:</i>	<i>Estimated Graduation Date:</i>
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Name: _____ **Cumulative GPA:** _____

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Phone Number: () _____ **Phone Number:** () _____

Major: _____ **Estimated Graduation Date:** _____

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Please use additional pages as needed