New/Associate Member Initiation Form

Organization: _____

Initiation Date: _____

List of those to be initiated:

Name	Signature	Date

By signing below, I verify that the above students will be initiated into my organization on the date above.

_____ _____

Chapter President Date

_____ _____

New Member Educator Date

This form is due (1) week prior to initiation. Please submit to the SOLD Office