University of New Orleans
Fraternity / Sorority Roster of Members

The following students are members of _____ Chapter _____ Fraternity/Sorority.

Updates to this roster are to be reported in writing to the Greek Advisor within 48 hours of a change in someone's membership status.

Full Name	**Student ID #**	Semester & Year of Initiation

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Please note: Student ID Number -- **NOT Social Security Number -- is required.**

Roster submitted by: _____

Title: _____ Date: _____