

Verification of New Members/Aspirants Form

Local/National/International organization: _____

Quarter New Member/Aspirant Program began: _____

We hereby declare that on _____, the following individuals are potential new members (associates, new members, official interests, pledges, aspirants, process participants) for membership into our organization and are intended to be initiated following the new member plan submitted and accepted by the Office of Fraternity & Sorority Life. Any modifications to that program must be requested through the New Member/Aspirant Plan Modification Request form.

Verification of New Members/Aspirants Form completed by: _____ Position: _____

Potential New Member's Full Name	UCLA UID
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For FSL office use only

New Members/Aspirants MyUCLA Invitation Deadline: _____ Staff: _____