



BETHUNE COOKMAN UNIVERSITY
OFFICE OF GREEK LIFE

REGISTRATION FORM

FRATERNITY / SORORITY NAME _____

Chapter Name / Organization _____

PUBLIC CONTACT INFORMATION:

(Chapter Name) (Phone Number)

(E-mail Address) (Mailing Address) (www Address)

EXECUTIVE OFFICERS:

(President) (Phone Number) (E-Mail Address) (SID #)

(Vice President) (Phone Number) (E-Mail Address) (SID #)

(Secretary) (Phone Number) (E-Mail Address) (SID #)

(Treasurer) (Phone Number) (E-Mail Address) (SID #)

(Membership Intake Chair) (Phone Number) (E-Mail Address) (SID #)

FACULTY/STAFF ADVISOR (Individual must be a fulltime employee of B-CU)

(Name) (Phone Number) (E-Mail Address)

(Campus Address/Building) (Position at B-CU)

NATIONAL ORGANIZATION OFFICIALS

(National Contact Person) (Official Title) (Phone Number)

(Mailing Address) (National website)

(Regional Representative) (Official Title) (Phone Number)

(Mailing Address) (Email Address)

(Alumni/Alumnae Representative) (Official Title) (Phone Number)

(Mailing Address) (Email Address)

CHAPTER ADVISOR (as recognized by Inter/National Office, if applicable)

(Name) (Phone Number)

(Mailing Address) (E-Mail Address)

ADDITIONAL CHAPTER INFORMATION:

CHAPTER ELECTIONS WILL TAKE PLACE: _____
(Month/Year)

CHAPTER MEETING INFORMATION

Day of Meeting _____ Time of Meeting _____ Location of Meeting _____

FOR ALL CHAPTERS:

MEMBERSHIP INTAKE (Check One) FALL _____ SPRING _____

PLEASE RETURN THE FOLLOWING WITH COMPLETED PACKET

- (1) Chapter Roster w/ Local Address and Phone Numbers including cell phones
- (2) Chapter Advisor Forms
- (3) Chapter Calendar of Events for the Year
- (4) Chapter Hazing Compliance Form
- (5) Chapter FERPA/Grade Release Form
- (6) Letter of Support from Alumni/Alumnae Chapter or Regional Officer