

OMEGA PSI PHI FRATERNITY, INC.  
SEVENTH DISTRICT

MEMBERSHIP INTAKE PROGRAM

Chapter Name: \_\_\_\_\_

Please note Brothers, the expressed purpose of this form is for you the State Representatives to give state clearance on any Chapter seeking approval for Intake within your perspective State. This process will be helpful in ensuring that all outstanding obligations due to the State organization is satisfied prior to intake approval by this office.

**TURNED IN**

**Check One**

- 1. State and District Forms YES  NO
- 2. State Dues YES  NO
- 3. States Assessments Dues YES  NO
- 4. Documentation of of Mandated Programs YES  NO
- 5. Social Action Turn-in YES  NO
- 6. Attended last State Meeting YES  NO
- 7. \_\_\_\_\_ YES  NO

State Representative:

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature of State Representative

\_\_\_\_\_  
Date



*Ωφελημα Ψυχι Φιλια*  
*Friendship is Essential to the Soul*