

**FORM 105 AA**  
**Addendum to 105 A**

**OMEGA PSI PHI FRATERNITY, INC.**  
**SEVENTH DISTRICT**

**MEMBERSHIP SELECTION PROCESS**

**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 <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. State Dues                         | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 3. States Assessments Dues            | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Documentation of Mandated Programs | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Social Action Turn-in              | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Attended last State Meeting        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 7. _____                              | YES <input type="checkbox"/>            | NO <input type="checkbox"/> |

**Undergraduate Advisor: Print and Sign**

**State Representative:** Marvin Broadwater, Sr.  
**Please Print Name**

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

\_\_\_\_\_  
**Date**