

# Initiation Report

Please submit all New Members in your organization. Return this form to Center for Leadership and Service Office, UC 219, within **seven (7) days** after process completion. Any questions please call x75170.

**Organization:** \_\_\_\_\_

	Name	ID#	Address	Date
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____