

Nu Gamma Omega Chapter Verification of Membership

To: Basileus, Anti Basileus, Grammateus

Subject: Verification of Membership

Date: _____ Member # _____

Please complete this form immediately and submit the completed form to The Sargent at Arms/Philacter. This process will insure an accurate record of your membership. The completion of a Membership Verification Form is required for all visiting Sorors who would like to attend and/or attends our chapter meetings. Your cooperation in this matter will be greatly appreciated:

1. Name _____

2. Address _____

City/State/Zip _____

Telephone (home) _____ (work) _____

(cell) _____ (other) _____

Email address _____

3. Name when initiated _____

4. Approximate date of initiation _____

5. Chapter in which initiated _____

6. Last chapter in which you paid chapter dues _____

7. Current Chapter/General _____

8. Name of the person(s) who invited you to the meeting _____

9. Philacter Signature _____

10. Basileus Signature _____

Verified: _____ Date _____

Notes:
