College of William and Mary
ROSTER OF MEMBERS AND NEW MEMBERS

DATE: ____________________________

To the Office of Fraternity/Sorority Life:

The ____________________________ Fraternity/Sorority reports the following members enrolled at the College of William and Mary for the ________________ semester of the year __________:

1. Please LEGIBLY print full names of any members who need to be added to the roster.
2. Use the attached membership roster to CROSS OFF the names of any individuals who are no longer members of the chapter. Please note in the margin if they are to be removed from the roster because they have graduated (simply write “grad” to the side of their name).

By signing this form I authorize the release of my GPA to the Office of Fraternity/Sorority Life for the purposes of computing academic statistics for the fraternity/sorority community and to my individual fraternity/sorority for verification of compliance with its academic standards policy. I can withdraw my authorization at any time by submitting a request in writing to the Office of Fraternity/Sorority Life.

MEMBER NAME | WM ID# | SIGNATURE | SEMESTER/YR PLEDGED
---|---|---|---
1. | | | 
2. | | | 
3. | | | 
4. | | | 
5. | | | 
6. | | | 
7. | | | 
8. | | | 
9. | | | 
10. | | | 

Submitted by ____________________________

Title ____________________________