

## Membership Review Questionnaire Form

This form must be completed to be considered for participation in the chapter moving forward. No member, neophyte, or new member will be considered or invited to remain in the chapter unless he has completed this form.

## COMPLETE THIS FORM AND EMAIL BACK TO ANEIBERG@AEPI.ORG.

Name	Age	
Non.edu Email Address		
Home Address		
Cell Phone Number	Major	
Year in School	Projected Semester/Year of Graduation	
Initiation Date (If applicable)	Roster Number (If applicable)	
Cumulative Grade Point Average	Money owed to Chapter	
Most Recent Semester GPA		
List any chapter offices or positions held:		
Describe your current role in the chapter:		



Should you be invited to remain, describe the role you would play in the chapter:	_
Has any disciplinary action been taken against you by the university for any reason	 .?
If yes, please explain:	<u> </u>
List any campus involvement outside of Alpha Epsilon Pi Fraternity:	
List any National or Regional Events you have attended, if any:	
certify that the information on this form is complete and accurate. A nisrepresentation may serve as grounds for my suspension or expulsion from Alp Epsilon Pi Fraternity.	
Signature  Date	