New Member Presentation Approval Form
Due to Fraternity and Sorority Affairs at least fourteen (14) days prior to Presentation date.

The proposing organization must attach the following to this approval form:
1) A specific plan detailing risk management procedures for the event
2) A detailed outline of the presentation
3) Confirmation of the room/space reservation
4) A list of new members participating in the presentation and their signatures
5) Written approval from a national or regional representative to the organization allowing the activity to take place

(The entirety of this document, with the exception of contact information, will be kept confidential by FSA).

Name of Organization: ____________________________________________________________

Organization Chapter/Colony: ____________________________________________________

Initiation Date: _________________________________________________________________

Presentation Date: ______________________________________________________________

Location: ______________________________________________________________________

Presentation Start Time: _________________________________________________________

Presentation End Time: _________________________________________________________

Does the Presentation conflict with other organizations’ events?

______ Yes  ______ No

Was the organization’s national council approval attained?

______ Yes  ______ No

Member in charge of Communication                                    Risk Management Officer

Name: ___________________________________________  Name: ________________________

Chapter Title: ___________________________  Chapter Title: _______________________

Phone #: _______________________________  Phone #: _____________________________

Email: _________________________________  Email: _______________________________  

The information above is accurate to the best of our knowledge. We have thoroughly read and understood the New Member Presentation Guidelines and we agree that our organization and members will follow the stated policies.

President’s Name (printed): ______________________________________________________

President’s Name (signature): ___________________________________________________