

**APPLICATION FOR ACTIVE STATUS OF NPHC CITY-WIDE CHAPTER
(City-Wide Affiliate Greek Organizations)**

In order to keep accurate records of Student Organizations, please complete and return this form. This information will be used to contact your organization and to compile a Directory of Organizations. **This information is required to retain recognition on campus and the accompanying privileges.**

This form must be filled out in its entirety and submitted to the Student Activities Office in order for your organization to retain its active status and privileges within the university.

Term: _____

NAME OF ORGANIZATION: _____

TYPE OF ORGANIZATION* _____

*Types of organizations: Social, departmental club, religious, service, professional (or combination)

CHAPTER CONTACTS / OFFICERS

C.U. CONTACT PERSON: _____ **PHONE #** _____ **BOX #:** _____

E-MAIL: _____

OWU CONTACT PERSON: _____ **PHONE #** _____ **Mailbox:** _____

E-MAIL: _____

O.C. CONTACT PERSON: _____ **PHONE #** _____ **SMC #:** _____

E-MAIL: _____

PRESIDENT: _____ **PHONE #** _____

E-MAIL: _____

ADDRESS: _____

VICE-PRESIDENT: _____ **PHONE#** _____

E-MAIL: _____

SECRETARY: _____ **PHONE#** _____

E-MAIL: _____

TREASURER: _____ **PHONE#** _____

E-MAIL: _____

OTHER OFFICERS:

NAME: _____ **PHONE#** _____

E-MAIL: _____

NAME: _____ **PHONE #** _____

E-MAIL: _____

ADVISOR(S)

CHAPTER ADVISOR:

NAME: _____

TITLE: _____

ADDRESS: _____

E-MAIL: _____

DAYTIME PHONE: _____

CELL PHONE: _____

FACULTY/STAFF ADVISOR at CAPITAL UNIVERSITY:

NAME: _____

TITLE: _____

ADDRESS: _____

E-MAIL: _____

DAYTIME PHONE: _____

CELL PHONE: _____

FACULTY/STAFF ADVISOR at OHIO WESLEYAN UNIVERSITY:

NAME: _____

TITLE: _____

ADDRESS: _____

E-MAIL: _____

DAYTIME PHONE: _____

CELL PHONE: _____

FACULTY/STAFF ADVISOR at OTTERBEIN COLLEGE:

NAME: _____

TITLE: _____

ADDRESS: _____

E-MAIL: _____

DAYTIME PHONE: _____

CELL PHONE: _____

MEMBERSHIP: Please attach a list of all members of your chapter, and identify which school they attend.

MEETINGS

MEETING DAY & TIME: _____

MEETING PLACE: _____

DATE OF ELECTIONS: _____

MEMBERSHIP INTAKE

TIMEFRAME OF NEW MEMBER INTAKE _____

IN ORDER TO MAINTAIN RECOGNITION AND THE PRIVILEGES THAT ACCOMPANY THAT STATUS, PLEASE RETURN THIS COMPLETED FORM TO EACH RESPECTIVE OFFICE OF GREEK LIFE (AT CAPITAL, OHIO WESLEYAN, AND OTTERBEIN) AT THE BEGINNING OF EACH TERM.