



SAINT JOSEPH'S UNIVERSITY  
Office of Student Leadership and Activities

## IFC Potential Member Form

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Class (Circle One): FR SO JR SR

Campus Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

GPA: \_\_\_\_\_

Chapter(s) Rushing (Circle all that apply): AXA ΠΚΦ ΣΦΕ ΣΠ

Other Campus Organizations you Participate In:

\_\_\_\_\_

By signing below I certify that all statements made are true to the best of my knowledge, and if it is found that I purposefully falsified or withheld information either the University or respective chapter may withhold or retract any bid I may have received, for all infractions including but not limited to falsification of GPA, disciplinary record, or falsification of records.

Name (Print): \_\_\_\_\_

THIS APPLICATION IS NOT  
COMPLETE UNLESS IT IS  
SIGNED AND DATED

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Reported GPA: \_\_\_\_\_ Actual GPA: \_\_\_\_\_

Approved

Not Approved

Further Information Needed

Signatures: \_\_\_\_\_

(IFC Advisor Signature/VP of Recruitment)