

# **Rho Psi Omega Chapter Meeting Visitors**

NAME: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (home)

\_\_\_\_\_ (cell)

Chapter Initiation & Year: \_\_\_\_\_

Last Active Chapter: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

\*\*\*Who referred you to Rho Psi Omega: \_\_\_\_\_

## **VERIFICATION METHOD: Two forms of identification required**

\*\*Driver's License \_\_\_\_\_

\*\*Financial Card: \_\_\_\_\_

\*\*Ivy Leaf: \_\_\_\_\_