

THE UNIVERSITY OF
MONTEVALLO

**MEETING INFORMATION FORM
GREEK LIFE**

Organization Name

Semester / Year

Chapter Meeting

Day: _____

Time: _____

Location: _____

Executive Board Meeting

Day: _____

Time: _____

Location: _____

Other Meeting (Please specify)

Day: _____

Time: _____

Location: _____

FOR OFFICE USE ONLY

Date Received: _____ Staff Initials: _____

Revised 11/29/07

Chapter President Signature

Chapter Secretary Signature

FOR OFFICE USE ONLY

Date Received: _____ Staff Initials: _____

Revised 11/29/07