**PI OMEGA PI**

**Report of New Members**

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| --- | --- | --- | --- | --- | --- |
| Chapter Name: | Alpha Delta | Chapter Number: | 28 | Chapter Sponsor: Christina Force |  |

Address:

|  |  |  |  |
| --- | --- | --- | --- |
| University/College: | Bloomsburg University of Pennsylvania | Department: | Dept. of Innovation, Technology & SCM |
| Street/Box: | 400 East Second Street | City, State, ZIP: | Bloomsburg, PA 17815 |

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| --- | --- | --- | --- |
| Date of Initiation: | 11/1/2018 |  |  |
| Report Submitted by: | Justin Haley | Office Held: | President |
| Adviser’s Email Address: | cforce@bloomu.edu | Number of New Members \_\_\_\_\_ 4 X $40 = \_$160\_\_\_\_ (Amount Enclosed) | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Local Ritual Number** | **First Name** | **Middle Name** | **Last Name** | **(Use Permanent Address)**  **Street/City/State/ZIP** | **Non-School Email Address** | **Membership Type (Active, Faculty)** |
| **1.** | 1125 | Jeanna |  | Genetti | 4306 Quakake Road  Weatherly, PA 18255 | jeannagenetti@gmail.com | Active |
| **2.** | 1126 | Nicholas | P | Laudenslager | 3321 Harmor Lane  Bethlehem, PA 18017 | [nplaudey@gmail.com](mailto:nplaudey@gmail.com) | Active |
| **3.** | 1127 | Emily | J | Filus | 3 Circle Dr.  Labanon, NJ 08833 | [ejfilus@gmail.com](mailto:ejfilus@gmail.com) | Active |
| **4.** | 1128 | Andrew | J | Gummo | 31 Merril Drive  Watsontown, PA 17777 | [ajpsu@hotmail.com](mailto:ajpsu@hotmail.com) | Active |
| **5.** |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |

**Guidelines for filling out this report:**

* Check the National Handbook for faculty, associate, honorary, and alumni membership requirements.
* Type the report. If necessary, you may use two pages to report new members.
* Retain a copy of the report for your chapter records.
* Collect a national fee of $40 for each new member.
* Send one check to cover the initiation fees of all new members.
* Make check payable to: **Pi Omega Pi National**
* Be sure the report is postmarked no later than ten days after the initiation.
* Use permanent addresses of new members. Also, please use non-school email addresses for new members.

**Submit your report and check to National Treasurer:**

Dr. Tamra S. Davis, Associate Professor 918-906-6574

Illinois State University tdavis2@ilstu.edu

Campus Box 5590

Normal, IL 61690-5590

**To be completed by National Treasurer:**

Postmark: \_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_ Date Posted: \_\_\_\_\_\_\_\_\_\_ Points Received: \_\_\_\_\_\_\_\_\_\_

**Note:** *This form was updated September, 2017*