



SWING PHI SWING

SOCIAL FELLOWSHIP INC.®

Database Request/Membership Reactivation Request

Database Access Request:

Member Reactivation Request:

Full Name (include Maiden Name):

Are you *or* have ever been affiliated with a Greek Lettered Organization?

Email Address:

Phone Number:

Address:

Name of Chapter you are joining:

Not Joining a Chapter

Swing Information

Line's Name:

Line Number:

Your Individual Line Name:

Induction Date:

School & Chapter:

Dean/IC/RPC Name:

Contact Information:

Assistant Dean/IC/RPC Name:

Phone Number:

Contact Information:

Line Sisters:

Phone Number:

Swing References

Member Name 1:

Email:

Current Chapter:

Member Name 2:

Email:

Current Chapter:

Signature: _____

Date: _____

By signing this document, I certify that the information provided here within is true and correct to the best of my knowledge.

Notary Stamp and/or Seal:

Notary Signature: _____

Notary Date: _____