National Alpha Tau Alpha Order Form & Initiation Report

Please ty	pe or print the following i	niormation:				
Chapter:		University: _	University:			
Contact F	Person:					
Address t	o which materials are to be	sent:				
City:			Zip:			
Initiation	date (the date you would li	ke placed on the shing	gles)			
Number i	nitiated	Initiation Fee	(\$25.00 each) \$			
Number o	of Shingles*	Shingle Fee (\$1.00 each) \$			
Number of Lapel Pin		Lapel Pin Co	st (\$4.00 each) \$			
		TOTAL ENG	CLOSED: \$			
Please m	ake checks payable to Na	tional Alpha Tau Alp	ha			
Send to:	Gary Ochs National ATA Secretary/T University of Illinois 174B Bevier Hall 905 S Goodwin Ave Urbana, IL 61801	reasurer	For Office Use Only			
			Date Received			
			PaidNo			
			Check Number			
*Membei	ship certificate		Shingles Sent Date Pins Sent			
			# Date			

Initiation Report

Chapter		Uni	iversity				
Please type the following information.							
Roll Number	Name of Initiate	Graduation Date	Degree	Home Address			
Date member were or will be initiated							