

IFC Depledge

Name: _____

Campus Address: _____

Campus Phone Number: _____

By signing this form, I confirm that I had accepted the invitation of

_____ **to join its chapter at**

(IFC Member Organization)

Clarion University of Pennsylvania and have relinquished my bid as of

_____.
(Date of Relinquished bid)

Signature

Date

Attest: _____

(Signature of Witness)

**This agreement must be filed in the Office of Campus Life (Room 251)
within 24 hours of the above date.**

Revised 6/12/07