

# PHC 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  
(PHC 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