



Omega Psi Phi Fraternity, Inc

MEMBERSHIP SELECTION PROCESS - CHAPTER ROSTER VALIDATION

Chapter: _____ Chapter #: _____ Date _____
 Location: _____ District #: _____ KRS Signature _____

List all financial chapter members and complete all information requested beginning with the major chapter officers listed.

Major Chapter Officers

						Insert Date of Completion	
	First Name	Last Name	Control #	MSP Online Certification Date	MSP Classroom Training Date	Form 9A-11 Completed?	Form 9A-20 Completed?
Basileus:							
Vice-Basileus:							
KRS:							
KF:							

Chapter Members

						Insert Date of Completion	
#	First Name	Last Name	Control #	MSP Online Certification Date	MSP Classroom Training Date	Form 9A-11 Completed?	Form 9A-20 Completed?
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DRAFT

Not intended for final distribution

#	First Name	Last Name	Control #	MSP Online Certification Date	MSP Classroom Training Date	Form 9A-11 Completed?	Form 9A-20 Completed?
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Not intended for final distribution

#	First Name	Last Name	Control #	MSP Online Certification Date	MSP Classroom Training Date	Form 9A-11 Completed?	Form 9A-20 Completed?
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