

Omega Psi Phi Fraternity, Inc.



Illinois

Indiana

Michigan

Minnesota

Wisconsin

MEMBERSHIP SELECTION COMMITTEE REPORT

(Please limit report to 2 pages including this one.)

I. State:

Chairman:

Date:

II. Nature of This Report

___ Progress Report From: To:
___ Final Report
___ Policy Proposal
___ Operational or Procedural

III. Summary of Membership Selection Programs { Attach one (1) additional sheet if necessary }