NEW MEMBER EDUCATION PROGRAM

	PLEASE PRINT!!!	
WEEK #		Date Sublifitted
Advisors Signature		Office Use Only Date Submitted
ORGANIZATION:		

PLEASE PRINT:::									
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY			
Meeting:									
Location:									
T:	TI:	TO:	TO:	TO:	TO:	TO:			
Time:									
Purpose of Event:									