

Emporia State University Fraternity & Sorority Life Fraternity/Sorority Membership Acceptance Agreement



Name

E Student ID#

Classification: Freshman Sophomore Junior Senior Graduate

Local address

Phone number

City

State

Zip code

E-mail address

Parent(s) name

Phone number

Address

City

State

Zip

MEMBERSHIP

I accept the invitation of the _____ Fraternity/Sorority to become a new member of its chapter at Emporia State University. I understand that by accepting this invitation, I shall abide by the rules and policies of the inter/national organization and if my membership is terminated prior to my initiation/activation, I cannot accept membership into another inter/national social fraternity/sorority within one calendar year at Emporia State unless the following exemption processes is completed:

1. Submission of a Chapter Member Status Change Form
2. Meet with the Director of Fraternity and Sorority Life
3. Receive an official written approval from the new fraternity/sorority

I understand that as a member of this chapter, my actions reflect not only on myself, but on my chapter, the Fraternity and Sorority community, and Emporia State University. I agree to uphold the values and standards of my chapter, my governing council (IFC, PHA, or MGC), the Fraternity and Sorority community, and Emporia State University. I understand that I may be held accountable to behaviors inconsistent with these values and standards.

HAZING

I understand that hazing acts are both unethical and illegal and do not promote brotherhood/sisterhood. I have read and understand the *Fraternity and Sorority Life Position on Hazing* and the *Emporia State University Hazing Policy* (www.emporia.edu/csi/greek/forms_policies.htm) and agree to the provisions of this position and policy. I will not willingly participate in or allow hazing activities to take place in my chapter, and I will report any hazing activities I experience or witness.

GRADES

I authorize the Center for Student Involvement to release my enrollment status and grade point averages (semester and cumulative) to the chapter president, scholarship chair, chapter advisor, and national headquarters staff. The purpose of disclosing this information is to verify eligibility for membership, achievement of chapter academic standards, eligibility to hold leadership positions, scholarship and recognition programs, and chapter programming.

LIABILITY

Membership in the chapter provides opportunities to participate in fraternity/sorority intramural sports and other activities including Homecoming and Greek Week events. I understand that participation in these activities is voluntary and involves certain risks that could result in property damage, bodily injury, or even death. I understand that the university and IFC/PHA/MGC do not provide any type of insurance for participants of these activities. I will not hold IFC, PHA, MGC or Emporia State University, including any of its agents and employees, responsible or liable for any injury or damage incurred from my participation in these activities.

These authorizations and agreements remain effective as long as I am listed on the chapter's official roster on file with the Fraternity & Sorority Life office and I am enrolled at Emporia State University.

New member signature

Date

Recruitment chair signature

Date