**Oregon State University**

**Center for Fraternity and Sorority Life Membership Intake Guidelines and Procedures**

The Center for Fraternity and Sorority Life (CFSL) at Oregon State University recognizes the importance of the “Membership Intake” process and supports efforts of initiating new members as well as the growth of chapters. As students continue to seek membership in Greek-Lettered Organizations on campus, it is important that the CFSL establish a system of communication with organizations wanting to participate in the intake of new members. This document is meant to educate OSU fraternity and sorority members, their advisors, and aspiring members about the Membership Intake expectations, policies, and procedures of OSU Center for Fraternity and Sorority Life. The goal is to bring structure to OSU’s Membership Intake practice and not to take ownership of each individual chapter’s membership process. This plan is also meant to ensure that chapters are adhering to the OSU hazing policy. If these guidelines and procedures are not followed properly, it will result in actions being taken by OSU as well as contacting the respective chapter’s advisor and inter/national organization/headquarters.

**Privacy Statement**

To preserve the privacy and confidentiality of the affiliate chapters who participate in membership intake, all documents submitted will be treated as confidential information in accordance with Oregon State University policy. The Center for Fraternity and Sorority Life ensures that all documents will be kept confidential from students, student employees, and student leaders, including council officers. While access to these documents will be restricted, university administrators, chapter advisors, and/or representatives from the inter/national organizations/headquarters will have access on a need to know basis. All membership intake information will be stored for a minimum of twenty-four (24) months.

*\*No chapter will be required or asked to submit any ritualistic information. Only the dates of rituals should be submitted.*

**Oregon State University Hazing Policy**

Section 4 Prohibited Conduct

4.3.9 Hazing. Conduct that endangers the mental or physical health or physical health or safety of any person, actions that may demean, disgrace, or degrade any person, or that destroys or removes public or private property, and is related to the initiation, admission into, affiliation with, advancement within, or general member participation in a group, organization, social or academic program, regardless as to whether or not the actions are sanctioned or approved by the organization or continued membership or standing is contingent upon participation. Participation or cooperation by the person(s) being hazed does not excuse the violation. Failing to intervene to prevent or failing to report those acts may also violate this policy. Hazing includes, but is not limited to:

* Unreasonable interference with a student’s academic performance, participation, or attendance
* Compelled ingestion of alcohol, food, drugs, or any other substance
* Compelled exclusion from social contact
* Kidnapping or abandonment
* Striking, beating, whipping, branding, paddling or other actions of physical abuse in any form
* Creation of unnecessary fatigue (such as through sleep deprivation, labor or calisthenics)
* Personal servitude (such as impacting others’ personal freedom or ability to act as they so choose)
* Unbalanced or unreasonable labor or workshare, such as house-cleaning, collection/assembly/purchasing of supplies or materials
* Participation in activity or conduct that may embarrass, degrade, humiliate, or adversely affect the dignity of another (including, but not limited to, scavenger hunts, public stunts or actions, carrying or holding of items, wearing of apparel which is conspicuous or inappropriate, etc.)
* Unreasonable exposure to weather, noise, or environmental elements that may cause physical, emotional, or psychological discomfort
* Compelled participation in activities that are unlawful, lewd, or in violation of University policy

Failure to uphold the university’s Hazing Policy as stated in Oregon State University Student Conduct and Community Standards will result in referral to the Office of Student Conduct and Community Standards for organization and individual violations.

**Organizations Expectation for Conducting Membership Intake**

1. All organizations participating in Membership Intake must be in good standing with Oregon State University and comply with expectations from the Center for Fraternity and Sorority Life, their governing council (if applicable), and the inter/national organization/headquarters. To be considered in good standing, chapters must be updated with expectations outlined in the OSU partnership agreement. Special accommodations maybe granted at the discretion of the CFSL Staff.
2. All Membership Intake activities shall be conducted only in the fall, winter, or spring term of each academic year. Special permission for any summer Membership Intake activities must be attained in partnership with CFSL and inter/national organization/headquarters.
3. The Membership Intake process will not last any longer than what the inter/national organization/headquarters for each organization has approved. If changes need to made due to requirements from its inter/national organization/headquarters, the Chapter Advisor and/or the Regional Director/Officer must submit in writing the reason for alterations to the intake process seven (7) days prior to the change.
4. All potential new members must at least meet the minimum academic requirement of a 2.5/4.0 cumulative grade point average to take part in Membership Intake.
5. Organizations are required to hold an Interest Meeting/Informational when considering membership intake during current term. OSU defines an Interest Meeting/Informational as a meeting held by an organization for potential new members who are seeking general information about the organization and/or a formal meeting held by an organization for potential members that details the application process, criteria of membership, OSU Hazing prevention policy, and allows them to show interest in being considered for membership. Chapters can host an Interest Meeting without conducting Membership Intake that same term.
6. The Membership Intake process should be conducted in a manner that respects the dignity of potential new members and protects their emotional, mental, and physical well-being. Examples of acceptable behavior includes, but isn’t limited to, activities that promote scholarship, community service, develop leadership and/or social skills, assist career goals, involve students with alumni/ae, improve interpersonal relations with others, build awareness of fraternity and sorority history, engage with social activism and social justice causes, instill a sense of brotherhood or sisterhood, foster chapter solidarity and otherwise promote the institutional mission of the University.
7. All forms submitted must include original signatures. Without the submission of the proper paperwork Membership Intake activities will not be approved. Electronic signatures will be accepted via email.

Failure to meet expectations and/or submit improper paperwork will result in potential loss of student organization privileges for the term, school year, or longer. If the organization continues to not meet expectations outlined in the guidelines and procedures, the chapter could face an extended loss of intake privileges.

**Membership Intake Procedures**

1. All organizations must submit their inter/national organization/headquarters policy and procedures on hazing prevention and new member presentations guidelines prior to start of the process. Please submit all documents to the Center for Fraternity and Sorority Life at Oregon State University annually by the **third week of Fall term**.
2. All organizations not conducting Membership Intake in a given term must submit **Membership Intake Waiver by the third week of classes (page 4).**
3. The Membership Intake coordinator/chair and Chapter President must schedule a meeting with the Assistant Director of CFSL at least **five** **(5) business days** prior to the start of the Membership Intake process. At this meeting, the Membership Intake Chair and Chapter President will provide the following:
	1. Any inter/national organization/headquarters documents that are to be completed by the Center for Fraternity and Sorority Life.
	2. Complete Application of Membership Intake (page 7)
		1. Attached calendar of chapter intake timeline
	3. Complete Membership Intake Coordinator Agreement (page 8)
	4. Complete Anti-Hazing Agreement
	5. Completed Verification of Potential New Members (Page 9)

*\*Failure to bring any of these items entirely completed to this meeting will result in the meeting being rescheduled for a later date.*

1. Following the meeting between the chapter representatives and the Center for Fraternity and Sorority Life:
	1. Within **five (5) business days**, the organization will be sent an email stating whether the Membership Intake process has been approved or not approved based on the information submitted. If an organization has not been approved to conduct membership intake, the additional information needed will be outlined in order to gain approval.
	2. Within **five (5) business days** after the start of the Membership Intake process the Verification of potential new members form must be turned in to CFSL. The Verification Form must include the names of all individuals approved by the chapter’s inter/national organization/headquarters or Regional Director/Officer for membership.
2. After the Completion of Membership Intake
	1. Chapter Presidents must submit the End of the Intake Report to the CFSL within **72 hours/three (3) days** of initiation (page 10).
	2. Chapters will conduct a New Member Meet and Greet with the Center for Fraternity and Sorority Life before the **third week of the next term**!
	3. New Member Presentation Agreement must be submitted at least **five (5) business days** prior to the date of the show.

**Membership Wavier**

The Center for Fraternity and Sorority Life (CFSL) at Oregon State University (OSU) must be notified prior to any chapter beginning a Membership Intake process. This form must be submitted to the CFSL when a chapter will not conduct membership during the term. Please submit this form by the end of the second week of classes.

The officers and members of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not participate in membership intake for the Fall Winter Spring (circle one) term of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(year).

Please provide a brief explanation why your chapter will waive the participation in membership intake.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Presidents Name Signature Date

Chapter Advisor Name Signature Date

**Membership Intake Checklist**

*As your chapter proceeds through its Membership Intake Process, please make sure that you complete the items on the Membership Intake Paperwork Checklist below. The checklist should be completed in its entirety and by all deadlines. Failure to submit paperwork and conduct meetings on time may result suspension of membership Intake activities.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Action** | **Date Due** | **Completed by** |
| 🞏 | Submission of policies and procedures on hazing prevention and new-member presentations | Annually by Third week of fall term | Chapter President |
| 🞏 | Schedule and attend meeting with JP Peters | At least 5 business days prior to the start of the Membership Intake Process | Chapter President and Membership Intake coordinator/chair |
| 🞏 | Completed Membership Intake Form | At the Meeting | Chapter President or Membership Intake coordinator/chair |
| 🞏 | Completed Membership Intake agreement | At the Meeting | Chapter President or Membership Intake coordinator/chair |
| 🞏 | Signed copy of the Student Conduct Hazing Policy | At the Meeting | Chapter President  |
| 🞏 | The chapter will receive an email from CFSL regarding the stance of their intake process.  | Within five days after the meeting | CFSL staff |
| 🞏 | The verification of potential new members form must be turned into the CFSL | Within five days after the start of the Membership Intake process | Chapter President, Membership Intake coordinator, Advisor Overseeing Intake |
| 🞏 | The End of the Intake Report submitted and update SLI | Within 3 days of initiation | Chapter President, Membership Intake coordinator, Advisor Overseeing intake |
| 🞏 | New-Member Presentation Agreement submitted | At least five business days prior to the date of the show | Chapter President, Membership Intake coordinator, Advisor Overseeing intake |

**Application of Membership Intake**

*Note: This must be completed and due at a one-on-one meeting with JP Peters. Along with this form you need to attach a calendar.*

1. **Timeline**

|  |  |
| --- | --- |
| The officers and member are proud to announce the Membership Intake of potential new members for the Fall/Winter/Spring (circle one) quarter of what year? |  |
| **Interest Meeting(s) and Recruitment event(s)** will be held on the following dates, times, and locations. Include a calendar of all events for this recruitment period (attach to the back of this packet). |  |
| If applicable, **Interviews** will be held on the followings dates, times, and locations |  |
| **Selection of Potential New Members** will conclude on the following date: |  |
| Education of Potential New Members will begin on the following date: Include a calendar with the start date, initiation and new member presentation (add to calendar above).  |  |
| Potential New Members will be initiated on the following date: |  |
| The location of initiation will be(highlight one): On campus Off campus | If off campus, where? |
| Potential New Members will be **presented** on the following date: |  |
| The Presentation will be (highlight one) On Campus Off Campus Other | If other explain: |

1. **Membership**

The person in charge of Membership Intake for the chapter will be:

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Phone Number: |  |

The Advisor supervising Membership Intake for the chapter will be:

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |
| Phone Number: |  |

1. **Regional Local Advisor Certification Letter- must be emailed to council advisor**

This letter should include the approval of the regional/local advisor for the chapter to conduct intake, intake calendar outline including date(s), time(s), who from the chapter is allowed to be in attendance (including advisors or alumnae), and a short description of all activities and events. ***Without this letter, this form will not be considered complete***

The above and attached is accurate and correct to the best of my knowledge

Chapter President Name Signature Date

Membership Intake Coordinator Name Signature Date

­­­­­­­­­­­­­­­­­­­­­­­­­­­­Advisor Supervising Intake Name Signature Date

M-

**Membership Intake Coordinator Agreement**

|  |  |
| --- | --- |
| Quarter: |  |
| Year: |  |
| Organization: |  |
| Membership Intake Coordinator Name: |  |

 *Content must be completed and all items initialed below. Due at a one-on-one meeting with CFSL staff!*

|  |  |
| --- | --- |
| \_\_\_\_\_\_ | I certify that I have read all of Oregon State University’s Membership Intake Policies and Procedures, pertinent university policies, and other relevant information from my (inter)national organization regarding membership intake. |
| \_\_\_\_\_\_ | I will educate my chapter and the potentials/aspirants on all of the regulations of Membership Intake and will keep the Center for Fraternity and Sorority Life Office informed on all Membership Intake activities conducted by the chapter. |
| \_\_\_\_\_\_ | I agree to provide the names of the potentials new members to the Center for Fraternity and Sorority Life Staff within five business days after the start of the membership Intake process. |
| \_\_\_\_\_\_ | I understand that if the Membership Intake forms are not fully completed and signed by all parties by the outlined deadlines, Intake of potentials new members will NOT be allowed. |
| \_\_\_\_\_\_ | I declare that I will thoroughly review all information submitted to the Center for Fraternity and Sorority Life Staff, and will only allow information that is true be turned in. I also hereby give permission to CFSL to verify the validity of all information submitted. |
| \_\_\_\_\_\_ | I understand that any of the information submitted to the Center for Fraternity and Sorority Life Office if found to be false or misleading the CFSL reserves the right to suspend the Membership Intake process pending full investigation of all statements. |
| \_\_\_\_\_\_ | I understand that the Center for Fraternity and Sorority Life Office reserves the right to deny Membership Intake Processes if evidence is present that indicates the chapter is unfit for initiating potentials new members. |
| \_\_\_\_\_\_ | I have read and signed the Anti-Hazing Policy and agree to abide by the statement. I will also make sure that all members (including alumnae/alumni) understand and follow these guidelines. I further understand that the Center for Fraternity and Sorority Life reserves the right to suspend the Membership Intake process if my chapter is found or suspected of being in violation of this policy.  |
| \_\_\_\_\_\_ | I understand that all Membership Intake activities will coincide with the policies set forth by my inter/national organization/headquarters. Any deviation from the policies of my inter/national organization must be supported in writing by the Chapter Graduate Advisor, the Regional Director and/or my inter/national headquarters. |

Chapter President Name Signature Date

Membership Intake Coordinator Name Signature Date

­­­­­­­­­­­­Advisor Supervising Intake Name Signature Date

**Anti-Hazing Agreement**

*Note: Due at one-on-one meeting with Fraternity & Sorority Life Staff*

**A. Compliance Statement**

We certify that all activities sponsored or required by our fraternity/sorority members or potentials new members comply with the Oregon State University Hazing Policy as well as our (inter) national organization’s hazing policies.

We have informed the potential new members of our fraternity/sorority of the contents of Section 4: 3.9 of the Code of Student Conduct. This policy will be read to potentials new members at the beginning of each term of a chapter’s Membership Intake process.

Hazing will not be tolerated in the Oregon State University community. No student or organization has the right to inflict physical or mental harm on a person or to demean, disgrace, or degrade a person. All forms of hazing by any university student, student organization members (including alumni/ae), or employee, are expressly prohibited and serious penalties, such as separation from the University or loss of recognition by Oregon State University, may be imposed on individuals or groups found in violation of these rules.

We understand that failure to uphold the University’s Anti-Hazing Policy as stated in the Oregon State University Student Code of Conduct, and in the Membership Intake Guidelines may result in organizational and/or individual charges.

Failure to report any such activity of which we become aware of may result in individual charges.

**B. Expectations**

1. Hazing is not tolerated in any form; neither as part of the new member program or as acts by individual members of the chapter.
2. The chapter’s initiation is to be a positive, educational experience for all involved.
3. New member activities cannot take place between 12:00 am (midnight) and 8:00 am Monday through Friday.
4. The new member program (membership intake/pledging ceremony/initiation ceremony) is to be no longer than the length prescribed by the (Inter)National Organization.  All activities must be completed prior to finals week.
5. New members should never be subject to sleep or food deprivation and should never be required to stay or live anywhere in inappropriate health and/or safety conditions.
6. Forced, required, or condoned application of foreign substances to the body resulting in lewdness or potential ridicule or bodily harm is prohibited.
7. All activities associated in any way with new members must be alcohol and drug free.
8. All activities associated in any way with sorority prospective members should not involve members/prospective members of fraternities, likewise, fraternity prospective member activities should not involve members/prospective members of sororities.
9. Due to the nature of intimate association and deliberate seeking of acceptance into a fraternity/sorority by new members, "free will" (meaning someone has agreed to participation in or be hazed) cannot be used as an exception to these policies.
10. Membership intake activities will not interfere with academic endeavors or class schedules.
11. The selection of potentials new members will be free of any form of mental and/or physical abuse and hazing.
12. Members will be selected on the criteria set forth by the (inter) national organization.
13. Chapters will not engage in pre or post hazing activities. Hazing is not tolerated in any form—as part of the new member program or as acts of individual members of the chapter.
14. Chapters will be in good standing with their (inter) national organization, their respective council, Center for Fraternity & Sorority Life and Oregon State University.
15. Chapters will complete all required paperwork thoroughly, in a timely fashion, and will not willingly omit any information.
16. Potential new members will be thoroughly educated on Oregon State University’s Hazing Policy by the chapter.
17. Chapters are not to engage in any Membership Intake activities outside of the parameters outlined by their (inter) national headquarters/organizations.
18. All membership intake activities are to conclude prior to the first day of Final Exam Week unless chapter has been granted to conduct new member presentations during the first week of the next term.
19. Potential new members should never be subject to sleep deprivation, servitude and/or moral degradation or humiliation.
20. Potentials new members should never be forced to stay or live anywhere against their will.

Our signatures below certify that we have read, understand, and agree to abide by Oregon State University’s Hazing Policy. We understand that the Office of Student Conduct, the (inter) national headquarters, and the chapter graduate advisors(s) will be notified of cases of alleged and/or confirmed violations of the Anti-Hazing Policy.

Chapter President Name Signature Date

Membership Intake Coordinator Name Signature Date

Advisor Supervising Intake Name Signature Date

**Verification of Potential New Members**

*Note: Must be completed-Due 5 business days after the beginning of the Membership Intake process (additional sheets may be attached if necessary).*

|  |  |
| --- | --- |
| **Semester:** | Fall [ ]  Winter [ ]  Spring [ ]  |
| **Year:** |  |
| **Organization:** |  |
| **Total Number of Potentials/Aspirants:** |  |
| **Date of Initiation Ceremony:** |  |

**A. Declaration**

We hereby declare that as of       (date submitted), the individuals listed below are potential new members for membership into our organization and will be duly initiated per the approval of our regional and/or (inter) national representative(s).

Chapter President Name Signature Date

Membership Intake Coordinator Name Signature Date

Advisor Supervising Intake Name Signature Date

**B. Anti-Hazing Policy Agreement & Grade Consent**

By signing below, I attest to the following:

* That the state of Oregon laws and Oregon State University policies on hazing have been reviewed and explained to me. I understand that I am not to engage in any activities that violate the policy or law. I understand that all illegal actions must be reported to the Center for Fraternity and Sorority Life.
* That I wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit Oregon State University to release academic information about me to my Sorority/Fraternity. I understand that this waiver will be in effect until I notify the Center for Fraternity and Sorority Life that I no longer wish to allow such information to be released.
* That I request the information below be released for the remainder of my undergraduate career, for the purposes of membership eligibility and recognition, to the chapter president, chapter executive board members, campus and chapter advisors and national representatives of      fraternity/ sorority.

Information to be released: credit hours enrolled in, credit hours passed, term grade point average, individual cumulative grade point average.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **OSU ID #** | **Cum. GPA** |
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**End of Intake Report**

*Note: Must be completed- Due 3 business days before Initiation (additional sheets may be attached if necessary)*

|  |  |
| --- | --- |
| Quarter: |  |
| Year: |  |
| Organization: |  |
| Total Number of Potentials/Aspirants: |  |
| Date of Initiation Ceremony: |  |

*Directions: List ALL individuals that started your intake process below and place the appropriate check next to the categories pertaining to them. Attach additional sheets if necessary.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **List of Interested Individuals** | **Submitted Membership Application** | **Selected to Participate in Membership Intake** | **Accepted Opportunity to Participate in Membership intake**  | **Started Membership Intake Process but Removed Self** | **Started Membership Intake Process but Removed by Chapter** | **Attended NPHC informational (Fall/Winter)** | **Student was not approved to participate** | **Completed the requirements and was initiated** |
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Our signatures below certify that no names were omitted from this list and no false information was presented.

Chapter President Name Signature Date

Membership Intake Coordinator Name Signature Date

­­­­­­­­­­­­­­­­­­­­­­­­­­­­Advisor Supervising Intake Name Signature Date