

## FRATERNITY AND SORORITY MEMBERSHIP & AUTHORIZATION FORM

### Personal Information

Name of Fraternity/Sorority	BU ID
Name (First and Last)	Date of Birth

### Home Address

Street		
City	State	Zip
Home Phone Number	Parent/Guardian Name(s)	Parent E-mail Address

### Local Address

Residence Hall Name & Room Number or Off-Campus Address		
Cell Phone Number	E-mail Address	Campus Mailbox

### Membership Acceptance Information

*By signing below, I accept the invitation of membership into the fraternity/sorority listed at the top of this page. I understand that I may not commit myself to another fraternity/sorority at this time. If I choose to disaffiliate before I am initiated, I understand that I am not eligible to join another Bucknell University fraternity/sorority until next semester/next year.*

Signature	Date
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### Hazing Prevention Compliance Information

*Under Pennsylvania law, hazing is defined as follows and may constitute a misdemeanor crime:*

*Any action or situation which recklessly or intentionally endangers the mental or physical health or safety of a student or which willfully destroys or removes public or private property for the purpose of initiation or admission into or affiliation with, or as a condition for continued membership in, any organization operating under the sanction of or recognized as an organization by an institution of higher education. The term shall include, but not be limited to, any brutality of a physical nature, such as whipping, beating, branding, forced calisthenics, exposure to the elements, forced consumption of any food, liquor, drug or other substance, or any other forced physical activity which could adversely affect the physical health and safety of the individual, and shall include any activity which would subject the individual to extreme mental stress, such as sleep deprivation, forced exclusion from social contact, forced conduct which could result in extreme embarrassment, or any other forced activity which could adversely affect the mental health or dignity of the individual, or any willful destruction or removal of public or private property. (P.S. §§5252-5253)*

*I, \_\_\_\_\_, have been informed of Pennsylvania law and my inter/national organization's policies against hazing. I understand that these practices are not only harmful but also have no place in a fraternity or sorority. I know that hazing cannot be a part of my education or initiation, and that if I am hazed, my chapter is violating the policies of the University, chapter and state law. My participation in hazing activities may result in numerous consequences including but not limited to loss of membership and other privileges as well as University disciplinary action. I know that if I become aware of any hazing activities, I should notify the proper authorities, including, but not limited to: Public Safety, the Office of Student Conduct, the inter/national organization headquarters and/or local police department(s). Hazing may be reported through an anonymous reporting form at [www.bucknell.edu/hazing](http://www.bucknell.edu/hazing). (Signature on next page)*

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Signature

Date

### **Academic Authorization/Compliance Information**

*Bucknell University fraternity and sorority members must possess a minimum cumulative GPA of 2.25 to be in good standing (A cumulative GPA of 2.5 is needed to join.). Some National Organizations require a higher minimum GPA, which the individual chapters are required to enforce. By signing below, I hereby authorize Bucknell University's Office of Fraternity and Sorority Affairs to disclose the following information contained in my academic records: semester and/or cumulative GPA at Bucknell University and all previously attended institutions. This information may be released to the undergraduate chapter president and academic chair person, alumni adviser(s), and the inter/national headquarters.*

*I understand that if my cumulative GPA falls below a 2.25 at any point during my membership, I will be placed on academic probation from my chapter. If, after one semester, my GPA does not rise to or above 2.25, I understand that I will remain suspended from my chapter until my cumulative GPA rises above a 2.25.*

*If suspended, I understand that I will no longer be able to participate in any chapter related function including but not limited to: living in the chapter housing, eating meals at the chapter house, attending any chapter social or ritual events. Alternative housing and eating arrangements will need to be made immediately following suspension.*

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Signature

Date

### **Financial Authorization/Compliance Information**

*I understand that as a member of a Bucknell University fraternity/sorority, I have a financial obligation to my chapter and that these financial obligations are an integral part of my associate membership, initiation and alumni membership in the organization. I understand I will be required to follow the procedure for dues, meal plan and additional fee collection as agreed upon by IFC and Bucknell University. I will pay all financial obligations in full by the due date as set by the chapter and University. I understand that failure to make any payments by the scheduled due date may result in the chapter placing a "Greek Hold" on my University account, referral to a collections agency and/or loss of membership.*

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Signature

Date

### **Housing Authorization/Compliance Information**

*I understand that as a Bucknell University residential student, by accepting membership into a fraternity/sorority, I may be obligated to move into the chapter's designated housing upon initiation, provided that there is a vacancy. If at any time while I am an undergraduate member of the organization and there is a vacancy in chapter housing, I may be required to move into that room to maintain the house/suite's (including mixed hall spaces) maximum capacity. I understand that all vacancies within the chapter's house/suite must be occupied by a member of the organization prior to any approval to live off-campus or to participate in room selection. If a vacancy were to occur after room selection, I understand that I may be called upon to fill the vacancy and forgo my previous housing assignment. Additionally I must have properly applied and met the conduct requirements and have been granted final approval by Housing Services before I am able to move off campus.*

*I understand that if at any time I am placed on suspension by my chapter or University, I may be required to vacate my housing assignment in my respective chapter facility. I will then need to work with Housing Services to identify alternate housing.*

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Signature

Date

### **Student Conduct Authorization/Compliance Information:**

*I understand that as a member of a Bucknell University fraternity/sorority, I have a responsibility for my actions and the actions of the chapter with which I am associated. As a condition of membership, I agree to abide by all standards of conduct established by Bucknell University, the College Panhellenic Council/the Interfraternity Council and the inter/national fraternity/sorority with which I am affiliated. As a further condition of my membership, I agree to release, upon the request of my inter/national fraternity/sorority, any and all student records, including those contained in the Office of Student Conduct, that are related to a review and consideration of my membership status in the organization.*

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Signature

Date