

New Member Form

Missouri Western Greek Life

OFFICE USE ONLY

Date Received:

Received By: Entered on:

INSTRUCTIONS: Please PRINT all information. **This form is to be submitted to the Center for Student Engagement within five (5) business days of changes to the chapter's roster.**

Fraternity/Sorority:				Semester:
# of Bids Extended		# of Bids Accepted:		Anticipated Initiation Date:

Academic Release Authorization

I hereby consent to the release of my enrollment status, grade point averages (cumulative and previous semester), and judicial records to the chapter president, scholarship chair, new member educator, chapter advisor, and inter/national headquarters staff. The purpose of this disclosure is to verify eligibility for membership, verification of achievement of the chapter's minimum academic standards, scholarship and awards recognition, and for use in chapter scholastic programming.

By signing, I provide permission for the Office of Greek Life/or relevant university administrators to access my academic information. This authorization shall remain in effect as long as I remain a member of the fraternity/sorority and am enrolled at Missouri Western State University, unless I submit written revocation of this authorization to the Center for Student Engagement.

Anti-Hazing Statement

Student Activities Center and IFC, PHC, and NPHC are committed to fostering and maintaining an environment free from all forms of hazing. As such, fraternities and sororities are not permitted to engage in any situations created to produce mental or physical discomfort, embarrassment, harassment or ridicule. Freedom from the humiliation and danger of hazing is guaranteed to every student in the Missouri Western Greek community. ANY violation of this guarantee may be reported to the Center for Student Engagement by calling (816)271-4159. As a member of the Missouri Western Greek community, I acknowledge my awareness of the university policy regarding hazing and pledge that I will work to eliminate all forms of hazing practices found within my chapter and to uphold other Nevada, IFC, PHC, and NPHC regulations.

My signature indicates that I hereby consent to abide by the Anti-Hazing Statement above.

Please list all new members below and continue onto the reverse side if necessary

PRINT ALL INFORMATION LEGIBLY

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Name (Last, First)

Signature

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