



**Michigan
Technological
University**

Greek New Member Registration Form

Student Leadership & Involvement - 112 Memorial Union Building - Ph: 906-487-1963 - Fax: 906-487-0332

Today's Date: ___/___/___

Fraternity/Sorority: _____

New Member Information

Last Name: _____

First Name: _____

Michigan Tech ID: M _____

Email Address: _____

Campus Address: _____

Academic Standing: _____

I give the Office of Student Leadership & Involvement permission to send correspondence/information to my parents/families regarding the benefits of Greek membership (please check the box).

Parent/Family Name

Parent/Family Email Address

Basic Expectations of Fraternity/Sorority Membership

1. To know and understand the values and ideals expressed in my fraternity/sorority ritual and will strive to incorporate them in my daily life.
2. To strive for high academic achievement and practice academic integrity.
3. To respect the dignity of all persons and to not cause any physical, mental, psychological or sexual abuse or harm any human being.
4. To protect the health and safety of all human beings.
5. To respect my property and the property of others and not to abuse nor tolerate the abuse of property.
6. To meet my financial obligations in a timely manner.
7. To not use nor support the use of illegal drugs and to not misuse nor suppose the misuse of alcohol.
8. To acknowledge that a clean and attractive environment is essential to both physical and mental health; therefore, are expected to do all in your power to see that the chapter property is properly cleaned and maintained.
9. To challenge all my fraternity members to abide by these fraternal expectations and will confront those who will violate them.

COMPREHENSION OF EXPECTATIONS

(Please read and initial)

By signing this agreement as a new member of a fraternity/sorority, I understand Michigan Technological University's basic expectations of me, not only as a new member of a fraternity/sorority but also that is expected of me as an active member of my fraternity/sorority throughout the duration of my membership at my fraternity/sorority.

New Member Initials: _____

Greek Life Mission Statement at Michigan Tech

Fraternalities and sororities at Michigan Tech seek to redefine the Greek experience by advancing fraternal ideals through a commitment to our rituals. Our core values of leadership development, intellectual development, and service and citizenship, provide the foundation for our lifelong brotherhood and sisterhood.

Michigan Tech Hazing Policy

All forms of hazing by any registered student organization are strictly forbidden at all times on and off campus. Hazing is defined as any action taken or situation created intentionally to produce mental or physical discomfort, embarrassment, harassment, ridicule, or possibly cause mental or physical harm or injury.

No person shall be denied a reasonable period of study or preparation of their next day's classes by the actions, demands, or requirements of a registered student organization. If hazing occurs, it will be presumed that the officers have knowledge of and condone such activity. Disciplinary action may be taken against officers of the organization as well as against the organization itself.

Students charged with a violation of the Hazing Policy and found guilty can receive a sanction ranging from disciplinary probation to expulsion. Please refer to the [Code of Community Conduct](#) for more information.

WAIVER TO VERIFY ACADEMIC ELIGIBILITY (Please read and initial)

By signing this agreement as a new member of a fraternity/sorority, I wish to waive the rights granted to me by the Family Educational Rights and Privacy Act of 1974. I give the Office of Student Leadership & Involvement permission to review my records in order to verify my academic eligibility for membership. Also, for the duration of my membership within the organization, I authorize by academic records to be shared with my chapter president, my chapter advisor, and my inter/national organization if applicable.

New Member Initials: _____

NATIONAL PANHELLENIC CONFERENCE (NPC) BINDING AGREEMENT (Please read and initial if you are joining a (inter)nationally-affiliated sorority)

By signing this agreement as a new member of a Panhellenic organization, I realize that I am subject to the NPC One-Year Binding Agreement. Should I choose to depledge prior to initiation, I realize that I will not be eligible to join any other NPC organization on campus for one calendar year from this date.

New Member Initials: _____

New Member Signature

Date

President Signature

Date

New Member Educator Signature

Date

New Member Education Start Date: ___/___/___

Projected Initiation Date: ___/___/___

Office Use Only:

Current Cumulative GPA: _____

Credit Hours: _____

Good Academic Standing?: _____