

SIUE Fraternity and Sorority Life

2023-2024 – Membership Reporting Form

First Name:	Middle Name:
Last Name:	Date of Birth (mm/dd/yyyy): / /
SIUE 800#:	SIUE Email Address:
Fraternity/Sorority:	Year in School: F S J SR GRAD
Circle Status: Aspirant/Candidate/New Member/New Initiate Returning Member Transfer Member	

Status Definitions:

1. **Aspirant/Candidate/New Member/New Initiate:** Status of someone who recently accepted membership into the organization. This could be someone who has received a bid and has not been initiated yet or it could be someone who was just recently initiated into the organization.
2. **Returning Member:** Status of someone who was removed from the roster for a variety of reasons but has returned and needs to be added back to the roster.
3. **Transfer Member:** Status of someone who transferred from another institution and is joining the chapter here at SIUE and is being added to the roster.

I certify the following:

1. I have read AND understand FERPA Grade Release and Conduct Record Release Statement
2. I have read AND understand SIUE’s Anti-Hazing Policy
3. I have read AND understand Illinois State Law on hazing.
4. I have read AND understand our (inter)national organization’s Anti-Hazing Policy.
5. I verify all activities sponsored or required by our chapter, in whole or part, comply with this policy
6. Failure of my organization to uphold this policy, in whole or part, will result in the referral of my organization and any individual members involved for discipline.
7. Furthermore, if I suspect, see, or know hazing activities are occurring, it is my responsibility to report these activities to the appropriate office.

By signing this form, I agree to abide by the above.

Print Fraternity/Sorority Member’s Name: _____

Fraternity/Sorority Member’s Signature: _____

Date: _____

Chapter President’s Signature: _____

Date: _____

All members of a recognized fraternity or sorority must fill out this form. This form also functions as the form to complete to add someone to the chapter’s roster. This form should be completed when a person should be added to the chapter’s roster and formally recognized as a member of your respective organization. **Failure to complete this form will result in you being unrecognized by the University as a member of your respective organization.**

Please contact greeklife@siue.edu if you have a completed form to submit and/or if your chapter has any questions.