

**INTERFRATERNITY COUNCIL**

**FRATERNITY NEW MEMBER BID ACCEPTANCE AGREEMENT**

**New Member Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name), officially accept a membership invitation from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of fraternity) to become a new member of their chapter at Augusta University. I understand I will be added to this chapter’s official roster as a new member and will be required to fulfill the individual requirements of the fraternity to obtain full membership.

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

Signature Date

**Membership Invitation Confirmed By:**

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

Signature of Chapter Representative

\*Submit to the Office of Student Life and Engagement within one business day of being signed.\*



**ANTI-HAZING COMPLIANCE FORM**

* Hazing is not a part of the association process into any Greek Organization.
* Hazing conflicts with the rules and regulations of Augusta University and is prohibited.
* Hazing includes, but is not limited to:
  + any intentional or reckless act on or off campus by one (1) student acting alone or with others which is directed against any other student that endangers the mental, emotional, or physical health or safety of that student, or which induces or coerces a student to endanger such student’s mental, emotional, or physical health or safety
  + any action taken or situation created on or off campus which could be reasonably expected to produce mental or physical discomfort, embarrassment, harassment, or ridicule
  + any intentional or reckless act on or off campus that violates any university rules and regulations, laws or policies of the parent organization, or local, state or national laws
* **It is my duty to report any acts of hazing being opposed on myself or any other individuals that I witness or become involved in to the Department of Student Life and Engagement.**
* I have read and understand Augusta University’s Hazing Statements (Student Code of Conduct, 3.12)

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Signature Date

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Name (Please Print) Organization

**GRADE RELEASE AUTHORIZATION**

I hereby grant the Department of Student Life and Engagement the authority to access my official university transcripts for the purpose of compiling semester grade reports. I understand that my academic transcripts will be available for viewing by the members of my Greek organization, the advisors of my Greek organization, my national fraternity headquarters’ representatives, and the Department of Student Life and Engagement. I expressly waive my rights under the Family Educational Rights to Privacy Act so that my academic performance and student judicial record may be monitored and reported by the Department of Student Life and Engagement to the aforementioned parties as long as I am enrolled at Augusta University and a member of a fraternity.

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Signature Date

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Name (Please Print) Organization