

Received: _____

Georgia State University GREEK MEMBERSHIP FORM

Organization: _____ Panther ID Number: _____

Member's Full Name: _____
First Middle Last

Email Address: _____ @student.gsu.edu Preferred E-Mail: _____
(Print clearly)

Circle your class standing: FR SO JR SR GR Date of birth: _____

Member's Current Address: _____
(Street Name)

(City) (State) (Zip Code)

Member's Permanent Address: _____
(Street Name)

(City) (State) (Zip Code)

Member's Current Phone Number: _____ Date Joined: _____

Check Your Status

_____ Pledge/New Member/Associate Member/On Line

_____ Member or Affiliate: _____ College/University where you joined _____

GEORGIA STATE UNIVERSITY Anti-Hazing Policy

Georgia State University strictly adheres to state legislation that outlaws hazing. Hazing means any intentional, negligent or reckless action, activity or situation that causes another pain, embarrassment, ridicule or harassment, regardless of the individual's willingness to participate as a condition or precondition of gaining acceptance, membership, office or other status in a student organization. Such actions and situations include, but are not limited to, the following: forcing or requiring the consumption of food or any other substance; calisthenics (push ups, sit ups, jogging, runs, etc); treeings, paddle swats; line-ups; theft of any property; road trips; scavenger hunts; causing fewer than six continuous hours of sleep per night; conducting activities that do not allow adequate time for study; performing acts of personal servitude for members (driving them to class, serving meals, washing cars, shopping, laundry, etc); forcing or requiring the violation of University policies, federal, state, or local law.

I understand that hazing is forbidden by the policies of the University, by State law, and by each organization recognized by Georgia State University. I have read the above hazing definition and promise to report any hazing activities to the Greek Life Advisor or another Dean of Students staff member.

My signature below certifies that I have read, understand, and agree to abide by this policy. My signature also authorizes my chapter President, President Designee, Chapter Advisor, as well as the necessary Georgia State University personnel to access to my grade point average in order to verify my eligibility to participate in the organization.

Signature _____

Date: _____

Chapter President Signature: _____

Date: _____

Chapter Advisor Signature: _____

Date: _____