Georgia State University
GREEK MEMBERSHIP FORM

Fraternity/Sorority Name: _____ Member's Social Security Number: _____

Member's Full Name: _____
First Middle Last

Member's Email Address: _____ Circle your class standing: FR SO JR SR GR
(Print clearly)

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: _____ Initiation Date: _____

Emergency Contact Name: _____ Address: _____

Emergency Contact Number (Home/Cell) _____ Relationship: _____

List any office or position you hold within the Chapter: _____

Check Your Status

_____ Pledge/New Member/Associate Member/On Line
_____ Social Affiliate (IFC ONLY)

_____ Member or Affiliate
College/University where you joined _____
Organization/Chapter Pledged _____

GSU 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 GSU personnel to access to my grade point average in order to verify my eligibility to participate in the organization.

Signature_____ Date: _____

Chapter Officer Signature: _____ Date: _____