

Fraternity/Sorority Membership Card

Print

Name: _____
(Last Name) (First) Birth Date

Student PID Fraternity/Sorority Date Pledged

Guardian's Name(s)

Home Address City State Zip Code

Residence Hall Name and Room Number or Off-Campus Address

Home Telephone # College/Cell Phone# Year of Graduation
SPRING/FALL

OhioU E-mail Address

COMPLIANCE & GRADE RELEASE

IMPORTANT - YOU MUST AGREE TO THE FOLLOWING TERMS BEFORE SUBMITTING THIS APPLICATION!

Sorority/Fraternity APPLICANTS: ACADEMIC RECORD RELEASE:

I understand that to participate in a fraternity/sorority at Ohio University (Athens Campus), I must be a regularly enrolled, full-time student in good standing with Ohio University (Athens Campus). I give my permission for my high school and college GPA (if applicable) to be verified by the Ohio University Campus Involvement Center throughout my membership with the fraternity/sorority and while a student at Ohio University (Athens Campus). I understand that this information may be released to chapter officers, advisors, and the inter/national headquarters when requested and/or during grade reporting at the end of each semester.

INFORMATION DISCLOSURE: By signing below, I agree to the terms listed above and allow my grade information to be made available to Ohio University's Campus Involvement Center as well as my chapter's officers, advisors, and the inter/national headquarters.

New Member Signature

Date

Chapter President Signature

Date

Revised 9/16/2013