**FRATERNITY & SORORITY LIFE**

**NEW MEMBERSHIP INTAKE GUIDELINES**

**MGC Organizations**

**MGC Organizations planning to host recruitment, informational or intake programs must abide by the following:**

o Complete the notice of membership intake form and submit to the Fraternity & Sorority Life Advisor **two weeks prior** to any recruitment or informational programs.

o Schedule a meeting with the Fraternity and Sorority Life Advisor to discuss a plan **two weeks prior** to any recruitment or informational programs.

o Schedule a meeting with Fraternity and Sorority Life Advisor to meet new with interested students during the informational meeting held prior to membership intake.

o All informational meetings, new member activities, intake activities, initiation/induction, and presentation of new members must be completed for the **Fall 2021 semester by November 19, 2021.**

**Membership recruitment/intake plan must be completed and turned in two weeks prior to the start of recruitment/intake:**

o A copy of paperwork from the National Headquarters, which indicates permission for the chapter to initiate new members.

o The organization must submit ALL flyers electronically to csii@westga.edu at least **two weeks prior** to the event for approval. The flyer should include: time, date, location, dress code, and any additional information.

o Upon Fraternity and Sorority Life’s approval, the chapter can post the flyer. **The flyer must be posted at least three days PRIOR to the meeting.**

**Final Paperwork required once new member accepts an invitation to join the fraternity/sorority:**

o Grade Release/Non-Hazing form (FSL Wolf Connect) filled out for each candidate/aspirant.

o Must turn in rosters for the Fall 2021 semester by **October 29, 2021.**

o Must turn in rosters for Spring 2022 semester by **May 1, 2021.**

**MGC Organizations planning to have an official New Member Presentation must abide by the following:**

o Presentations must be scheduled **no later** than 12 days after their initiation unless your national policy requires a shorter timeline.

o The New Member Presentation flyer should be sent to the Fraternity and Sorority Life Advisor **no later than 7 days before** the presentation is scheduled to take place.

o Presentations are not to be scheduled on the same day/week of another

chapter within the same council including the NPHC Executive Council.

o No explicit or revealing attire is to be worn by the new members or other

“show” participants.

o Disparaging comments about other organizations and foul language will

not be tolerated. o No alcoholic beverages will be permitted.

o No physical abuse will be tolerated. This includes but is not limited to: slapping, kicking, spitting, punching, pushing, poking, caning, etc.

o Canes, staffs, sticks, etc. may be used as a part of the performance but may not be used as a weapon to harm another individual.

o In the event of a fight during the presentation, those fighting will be disciplined immediately. If a member of the presenting organization is involved, the presentation show will be stopped immediately.

o Disruptions by other attending organizations will not be tolerated. This includes but is not limited to: walking through the presenters’ show, talking over the presenting organization, etc. o A FSL Staff member (full-time professional or graduate) MUST attend all New Member Presentations. This means that you must coordinate with the schedule of the staff member who will be present.

**

****

**MEMBERSHIP INTAKE REQUEST FORM**

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ President Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Coordinating Membership Intake**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter Advisor Overseeing Membership Intake**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Calendar of Events**

Date of Interest Meeting/Informational: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Interest Meeting/Informational: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Selection will conclude on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Education begins on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initiation**

Date of Initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Initiation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Member Presentation**

Date of Presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Presentation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By completing this form, I understand that the above information is true and to the best of my knowledge. I also understand that all submitted information will remain confidential.

President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**

\_\_\_\_\_\_\_\_\_\_\_ Date of Submission \_\_\_\_\_\_\_ Intake Request Accepted \_\_\_\_\_\_\_\_\_\_\_ Copy Sent to Chapter Advisor

\_\_\_\_\_\_\_Intake Request Denied

****Notice of Intentions Not to Have Membership Intake**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ chapter of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not intend to have membership intake during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester of \_\_\_\_\_\_\_\_\_\_\_\_\_. We understand that should that decision change, we must notify Fraternity & Sorority Life in writing, with approval from the chapter advisor. We understand that if we engage in pre-intake activities not a part of the National process, it will be reported to the Director of Student Engagement and Leadership, University Police, and the National Headquarters.

**Chapter President:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chapter Advisor:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your chapter is not having intake this semester, this form must be submitted to: **Center for Student Involvement and Inclusion – Fraternity and Sorority Life**

(csii@westga.edu) or Office (CSII 122)

**

**MGC Potential New Member Roster**

 Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This list indicates those persons who are being considered for membership of a National Pan-Hellenic Fraternity or Sorority.

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME**  | **STUDENT ID#**  | **EMAIL ADDRESS**  | **MOBILE PHONE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Chapter President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 This form must be submitted to:

 **Center for Student Involvement and Inclusion – Fraternity and Sorority Life**

 (csii@westga.edu) or Office (CSII 122)