



Membership Intake Intent Form
Must be TYPED – Due 30 days before the start of the Membership Intake Process. Failure to submit this form may result in denial of intake procedures

Note: It is recommended this form is submitted prior to an Informational being conducted.

Organization & Chapter Designation:	
Semester:	Fall <input type="checkbox"/> / Spring <input type="checkbox"/>
Year:	

Section 1. Intent

This notice is informing Fraternity & Sorority Life, the organization above: will be conducting Membership Recruitment/Intake. *(skip Section 2)*

Section 2. Abstaining

This notice is to inform Fraternity and Sorority Life, the organization above will not be conducting Membership Recruitment/Intake.

Section 3. Intent to Host Informational Meeting

This notice is to inform Fraternity and Sorority Life, the organization above will
 will not

host an Informational Meeting during the semester and year listed above. If the organization will host an Informational Meeting, fill out the details below. If hosting more than one (1), use the extra fields provided.

Date(s)	Time(s) (Start & End)	Location (s) (Bldg & Room Number)

The purpose of the meeting(s) is to provide information to interested parties about the organization, how to join, and membership criteria. We understand we are not to engage in any pre-pledging activities not part of the inter/national intake process with these members.

FRATERNITY & SORORITY LIFE

AMERICAN UNIVERSITY

Section 4. Membership Intake Information *(to be completed if Membership Recruitment/Intake will be conducted)*

A. Chapter Contacts

Officer	Name	Phone	Email
President			
Membership Intake Coordinator			
Chapter Advisor Overseeing Intake			
Regional/(inter) national Representative Overseeing Intake			

B. Tentative Intake Outline

Tentative Interest Meeting Date:	
Tentative Membership Intake Completion Date:	
Tentative Date of New Member Presentation:	

Membership Intake Intent Form (Cont.)

We, the undersigned, attest this information is accurate and correct to the best of our knowledge.

Furthermore, we agree to the following conditions of Membership Intake:

- a. We will submit a copy of Informational or Interest Meeting flyers to Fraternity & SorORITY Life at least ten (10) business days prior to the meeting occurring.
- b. We will comply with all policies and procedures regarding Membership Intake put in place by American University/FSL and our inter/national organization.
- c. We will comply with local and federal laws and University and inter/national organization rules, standards, and codes during the Membership Intake process.
- d. We will inform Fraternity & SorORITY Life of any changes to our Membership Intake schedule by the required deadline.

Chapter President Name	Signature	Date
------------------------	-----------	------

Membership Intake Coordinator Name	Signature	Date
------------------------------------	-----------	------

Chapter Advisor Name	Signature	Date
----------------------	-----------	------

For Office Use Only

Date Rec'd:	By:	Placed in Folder:	Y	N	Submitted flyers:	Y	N	Date:
-------------	-----	-------------------	---	---	-------------------	---	---	-------

FRATERNITY & SORORITY LIFE

A M E R I C A N U N I V E R S I T Y

Notice of Membership Intake

Must be TYPED-Due at one-on-one meeting with FSL Staff

This form must accompany a signed copy of: Membership Intake Coordinator Agreement (page 5), Anti-Hazing Agreement (page 6-7), and Membership Intake Outstanding Paperwork Due Dates (page 8).

Organization & Chapter Designation:	
Semester:	Fall <input type="checkbox"/> / Spring <input type="checkbox"/>
Year:	

A. Timeline

<u>Action</u>	<u>Date/Selection</u>
Applications will be distributed on:	
Applications will be due on:	
Interviews (if applicable) will be held on the following date(s), time(s), and location(s):	
Selection of Aspirants will conclude on the following date:	
Education of Aspirants will begin on the following date:	
Education of Aspirants has been developed by: <i>(check one)</i>	<input type="checkbox"/> the inter/national organization <input type="checkbox"/> local chapter <input type="checkbox"/> combination of inter/national & local process
Education of Aspirants will last ___ weeks: <i>(total number of weeks)</i>	
Initiation of Aspirants will be held on the following date:	
Initiation of Aspirants will be held:	<input type="checkbox"/> On Campus <i>(type Bldg and Room # below)</i> <input type="checkbox"/> Off Campus <i>(type address below)</i>
New Member Presentation/Probate of Aspirants will be held on the following date, time, and location:	

FRATERNITY & SORORITY LIFE

AMERICAN UNIVERSITY

B. Additional Membership Recruitment/Intake Process Details

Organization must include the following additional details, as a separate attached document, pertaining to the Membership Recruitment/Intake Process (*without this outline, this form will not be considered complete*):

- Who will be in attendance (including Advisors or Alumni/ae) at events;
- Who is planning each activity;
- A short description of all activities / events;
- How aspirants were notified of the activities;
- A description of the big brother/sister program (*if applicable*)

The above and attached information is accurate and correct to the best of my knowledge.

Membership Intake Coordinator Name	Signature	Date
------------------------------------	-----------	------

Membership Intake Coordinator Email	Membership Intake Coordinator Phone Number
-------------------------------------	--

Chapter President Name	Signature	Date
------------------------	-----------	------

Chapter President Email	Chapter President Phone Number
-------------------------	--------------------------------

Advisor Supervising Intake Name	Signature	Date
---------------------------------	-----------	------

Advisor Supervising Intake Email	Advisor Supervising Intake Phone Number
----------------------------------	---

For Office Use Only

Date Rec'd: _____ By: _____ Copied: _____ Folder: _____

Final Version? _____ If not Final, date turned in? _____

FRATERNITY & SORORITY LIFE

AMERICAN UNIVERSITY

Membership Intake Coordinator Agreement

Must be TYPED-Due at one-on-one meeting with Fraternity & Sorority Life Staff

Organization & Chapter Designation:	
Semester:	Fall <input type="checkbox"/> / Spring <input type="checkbox"/>
Year:	
Membership Intake Coordinator Name:	

_____ (Initials)	I certify I have read in full ALL of American University Membership Intake Procedures, pertinent university policies, and other relevant information from my inter/(inter) national organization regarding Membership Intake.
_____ (Initials)	I will educate my chapter and the aspirants on all of the regulations of Membership Intake and will keep Fraternity & Sorority Life informed on all Membership Intake activities conducted by chapter.
_____ (Initials)	I agree to provide the names of the aspirants to Fraternity & Sorority Life within two (2) business days after the start of the Membership Intake process.
_____ (Initials)	I understand that if the Membership Intake forms are not fully completed and signed by all parties by the outlined deadlines, intake of aspirants will NOT be allowed.
_____ (Initials)	I declare I will thoroughly review all information submitted to Fraternity & Sorority Life, will only allow information that is true to be turned in and hereby give permission to the FSL to verify the validity of all information submitted.
_____ (Initials)	I understand that if any of the information submitted to Fraternity & Sorority Life is found to be false or misleading, FSL reserves the right to suspend the Membership Intake process pending full investigation of all statements.
_____ (Initials)	I understand Fraternity & Sorority Life reserves the right to deny Membership Intake processes if evidence is present that indicates the chapter is unfit for initiating aspirants.
_____ (Initials)	I have read and signed American University Anti-Hazing Policy and agree to abide by the statement. I will also make sure that all members (including alumni/ae) understand and follow these guidelines. I further understand that Fraternity & Sorority Life reserves the right to suspend the Membership Intake process if my chapter is found or suspected of being in violation of this policy.
_____ (Initials)	I understand all Membership Intake activities will coincide with the policies set forth by my (inter) national organization. Any deviation from the policies of my (inter) national organization must be supported in writing by the Chapter Graduate Advisor, the Regional Director and/or my (inter) national headquarters.

Membership Intake Coordinator Name	Signature	Date
------------------------------------	-----------	------

Asst. Membership Intake Coordinator Name	Signature	Date
--	-----------	------

Asst. Membership Intake Coordinator Name	Signature	Date
--	-----------	------

<p>For Office Use Only</p> <p>Date Rec'd: _____ By: _____ Copied: _____ Folder: _____</p>
--

FRATERNITY & SORORITY LIFE

A M E R I C A N U N I V E R S I T Y

Anti-Hazing Agreement

Due at one-on-one meeting with Sorority & Fraternity Life Staff

A. Compliance Statement

We certify that all activities sponsored or required by our fraternity/sorority members or aspirants comply with American University Hazing Policy as well as FIPG and our (inter) national organization's hazing policies.

We have informed the aspiring members of our fraternity/sorority of the contents of American University Anti-Hazing Policy. This policy will be read to aspirants at the beginning of each semester of a chapter's Membership Intake process.

Hazing will not be tolerated in the American University community. No student or organization has the right to inflict physical or mental harm on a person or to demean, disgrace, or degrade a person. Hazing is prohibited and defined by District of Columbia, State of Maryland, and Commonwealth of Virginia Statute, in addition to the American University Code of Conduct. All forms of hazing by any university student, student organization members (including alumni/ae), or employee, are expressly prohibited and serious penalties, such as separation from the University or loss of recognition by American University, may be imposed on individuals or groups found in violation of these rules.

We understand that failure to uphold the University's Anti-Hazing Policy as stated in American University's Student Code of Conduct and in the Membership Intake Policy may result in organizational and/or individual charges.

We understand that participation in any hazing activity or knowledge of it and taking no action to stop the hazing is in effect giving our approval to haze. We understand our responsibility to not allow members of our organization, whether graduate/alumni status or affiliated at another institution of higher education, to haze our aspirants. Failure to report any such activity of which we become aware of may result in individual charges.

B. Expectations

1. The academic mission of the institution will be upheld and promoted to aspirants.
2. Membership intake activities will not interfere with academic endeavors or class schedules, will not occur between the hours of 12 a.m. and 8 a.m., and will not include the presence or consumption of alcohol.
3. The selection of aspirants will be free of any form of mental and/or physical abuse and hazing.
4. Members will be selected on the criteria set forth by the (inter) national organization.
5. Chapters will not engage in pre or post hazing activities. Hazing is not tolerated in any form—as part of the new member program or as acts of individual members of the chapter.
6. Chapters will be in good standing with their (inter) national organization, their respective collective, Fraternity & Sorority Life, and American University.
7. Chapters will complete all required paperwork thoroughly, in a timely fashion, and will not willingly omit any information.

FRATERNITY & SORORITY LIFE

A M E R I C A N U N I V E R S I T Y

8. Aspirants will be thoroughly educated on American University Hazing Policy by the chapter.
9. Chapters are not to engage in any Membership Intake activities outside of the parameters outlined by their (inter) national headquarters/organizations.
10. All membership intake activities (including New Member Presentations and any alternatives) are to conclude prior to the first day of Dead Week.
11. All aspirants will attend any training hosted by Fraternity and Sorority Life, Center for Diversity and Inclusion, and other trainings required by the organization.
12. The position of American University concerning a chapter's Membership Intake process is that it will be a positive, educational experience for all involved. Names such as "Hell Week" should not be used at any point during the membership intake process.
13. The practice of surprising aspirants with the date/and or time of initiation is not acceptable. All initiation activities and new member presentations must be completed one week prior to the University's designated finals week.
14. Aspirants should never be subject to sleep deprivation, servitude and/or moral degradation or humiliation.
15. Aspirants should never be forced to stay or live anywhere against their will.

Our signatures below certify that we have read, understand, and agree to abide by American University Hazing Policy. We understand that the Office of Student Conduct and Conflict Resolution, the (inter) national headquarters, and the chapter graduate advisors(s) will be notified of cases of alleged and/or confirmed violations of the Anti-Hazing Policy.

Chapter President Name	Signature	Date
------------------------	-----------	------

Membership Intake Coordinator Name	Signature	Date
------------------------------------	-----------	------

Advisor Supervising Intake Name	Signature	Date
---------------------------------	-----------	------

<u>For Office Use Only</u>			
Date Rec'd: _____	By: _____	Copied: _____	Folder: _____

FRATERNITY & SORORITY LIFE

AMERICAN UNIVERSITY

Membership Intake Outstanding Paperwork Due Dates

Organization & Chapter Designation:	
Semester:	Fall <input type="checkbox"/> / Spring <input type="checkbox"/>
Year:	
Membership Intake Coordinator Name:	

Action	Due	Actual Deadline Date
<input type="checkbox"/> Submit Informational Meeting Attendance Sheet (page 9)	5 business days following Informational Meeting(s)	
<input type="checkbox"/> Submit a copy of Approval/Eligibility letter from inter/national or Regional representative	5 business days prior to educational process beginning	
<input type="checkbox"/> Submit Verification of Aspirants (Page 11)	5 business days prior the start of the education process beginning	
<input type="checkbox"/> Resubmission of the Notice of Membership Intake Form (pages 3-4) if there were changes	5 business days prior to educational process beginning	
<input type="checkbox"/> New member grade/conduct release and anti-hazing forms (<i>via Engage for AU students</i>)	5 business days prior the start of education process beginning	
<input type="checkbox"/> Submit End of Intake Report (page 12)	5 business days following Initiation	
<input type="checkbox"/> Submit New Member Presentation Agreement (Pages 13-14)	15 business days prior to the show <i>(must include a copy of the Bldg/ Room Confirmation)</i>	

Our signatures below certify we understand and agree to abide by the above deadlines set. We understand Fraternity & Sorority Life reserves the right to suspend the process and/or cancel any events associated if these deadlines are not adhered to.

Chapter President Name	Signature	Date
------------------------	-----------	------

Membership Intake Coordinator Name	Signature	Date
------------------------------------	-----------	------

Council Advisor Name	Signature	Date
----------------------	-----------	------

<u>For Office Use Only</u>			
Date Rec'd: _____	By: _____	Copied: _____	Folder: _____

FRATERNITY & SORORITY LIFE

A M E R I C A N U N I V E R S I T Y

Verification of Aspirants

*Must be TYPED-Due 5 business days prior to the beginning of the Membership Intake process
(additional sheets may be attached if necessary)*

Organization & Chapter Designation:	
Semester:	Fall <input type="checkbox"/> / Spring <input type="checkbox"/>
Year:	
Date of Initiation Ceremony:	

A. Anti-Hazing Policy Agreement/Grade Checks

By signing below, I attest the District of Columbia statute on hazing and American University hazing policy have been reviewed and explained to me. I understand I am not to engage in any activities that violate the policy or law. I understand all illegal actions must be reported to the Dean of Students Office or law enforcement. I also understand my signature gives Fraternity & Sorority Life permission to conduct semesterly grade checks to ensure compliance and this information will be shared with the chapter president and advisor.

Name	Signature	AU Student	Student ID
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> Y <input type="checkbox"/> N	

B. Declaration

We hereby declare by the date of signatures, the individuals listed are aspirants for membership into our organization and will be duly initiated per the approval of our regional and/or inter/national representative(s).

Chapter President Name Signature Date

Membership Intake Coordinator Name Signature Date

Advisor Supervising Intake Name Signature Date

<u>For Office Use Only</u>			
Date Rec'd: _____	By: _____	Copied: _____	Folder: _____

FRATERNITY & SORORITY LIFE

AMERICAN UNIVERSITY

End of Intake Report
Must be TYPED
Due 5 business days after Initiation. Attach additional pages if needed.

Organization & Chapter Designation:	
Semester:	Fall <input type="checkbox"/> / Spring <input type="checkbox"/>
Year:	
Total Number of Aspirants:	
Date of Initiation Ceremony:	

List of Interested Individuals	Submitted Membership Application	Selected to Participate in Membership Intake	Accepted Opportunity to Participate in Membership Intake	Started Membership Intake Process but Removed Self	Started Membership Intake Process but Removed By Chapter	If Individual left or was removed from the process, indicate date:	Completed the Requirements and Were Initiated
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Our signatures below certify no names were omitted from this list and no false information was presented.

Chapter President Name	Signature	Date
------------------------	-----------	------

Membership Intake Coordinator Name	Signature	Date
------------------------------------	-----------	------

Advisor Supervising Intake Name	Signature	Date
---------------------------------	-----------	------

For Office Use Only

Date Rec'd: _____ By: _____ Copied: _____ Folder: _____

FRATERNITY & SORORITY LIFE

AMERICAN UNIVERSITY

New Member Presentation Agreement

*Must be TYPED and attached to the 25live confirmation
Due 15 business days prior to New Member Presentation*

Organization & Chapter Designation:	
Semester:	Fall <input type="checkbox"/> / Spring <input type="checkbox"/>
Year:	

1. All shows must be held no more than 15 business days after the members have been initiated into the organization or two weeks before finals.
2. Shows are not to be scheduled on the same night/time of a previously planned show of another chapter in IGC OR an All-Greek meeting/event planned by Fraternity & Sorority Life.
3. Shows must be scheduled Monday through Friday, at least two weeks before finals.
4. No explicit or revealing attire is to be worn by the aspirants or other Show participants.
5. No alcoholic beverages are to be consumed prior to or during the New Member Presentation.
6. References to hazing and/or other illegal activities will be not allowed.
7. No physical abuse will be tolerated. This includes, but is not limited to: slapping, kicking, punching, pushing, poking, caning, etc. (canes, staffs, sticks etc. may be used as part of the performance but may not be used as a weapon to threaten or harm another individual).
8. Props and/or spectacle to be used during the show must be approved. Any outright symbols of "pledging" (such as but not limited to paddles, bricks, and rocks) will not be allowed.
9. No profane language (in any language)/gestures in chants, music or speech will be used before, during, or after the show. No members of the organization may dance provocatively with any members of the audience.
10. Chants/sayings/songs will not allude negatively to another organization, individual, or student group.
11. There are to be no references to any individual(s) departing from the Membership Intake Process.
12. 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, derogatory speech or comments and death marches.
13. The duration of the show will be no longer than 2 hours. Show must begin no later than 15 minutes of the time advertised. Shows must be over and room/location vacated by 11pm.
14. Organizations are limited to one new member presentation.
15. In the event of a fight or other altercation during the show, individuals involved will be removed immediately. If a member of the presenting organization is involved, the show will be stopped immediately and the show will not be rescheduled.
16. The presenting organization will be responsible for ensuring the site is left in its original state after use.
17. Organizations must have 25live confirmation at least 20 business days previous to the scheduled Show.
18. The New Member Presentation Agreement must be submitted to Fraternity & Sorority Life accompanied 25live space confirmation no later than 15 business days prior to the date of the show.
19. A Fraternity & Sorority Life staff member (or Campus Life staff member in the event that the Sorority & Fraternity Life staff is unavailable) will be in attendance at all shows.
20. Shows must occur in the same semester as the new member education. There can be no delay in the presentation or show.
21. All actions of organization members/aspirants must adhere to the Student Code of Conduct.
22. Violation of these guidelines will result in a referral to the Director of Student Activities/Assistant Director of Fraternity & Sorority Life and may result in punitive sanctions.

(Continued on next page)

FRATERNITY & SORORITY LIFE

AMERICAN UNIVERSITY

New Member Presentation Information	
Date of Show	
Time of Show	Advertised time of start: Actual start time: End time:
Location	
Description of Show (including but not limited to): <ul style="list-style-type: none"> Complete Outline of Show Music being used Skits being conducted 	
Materials/props that will be used during the show:	

Note: Fraternity & Sorority Life staff will keep the details of this show confidential and will use the information for planning purposes only.*

My signature below indicates:

- I have read, understand, and agree to the New Member Presentation Guidelines.
- The information provided on this form is accurate and true.
- The show will not stray from the spirit and written description of the show or those details approved by 25live confirmation and Fraternity & Sorority Life
- I understand my organization, in addition to the President and individuals within, will be held accountable should any of the guidelines be violated.

Chapter President Name Signature Date

Membership Intake Coordinator Name Signature Date

Advisor Supervising Intake Name Signature Date

<u>For Office Use Only</u>			
Date Rec'd: _____	By: _____	Copied: _____	Folder: _____