

Fraternity/Sorority: _____

Semester & Year: _____

Date: _____

POTENTIAL/NEW MEMBERSHIP AGREEMENT FORM

PLEASE READ BEFORE SIGNING

In signing below, I understand I am becoming a potential/new member of this fraternity/sorority. I understand the terms, conditions, and expectations set forth in: my respective Governing Council's Bylaws, Greek Management Manual, Student Involvement Organizational Policy, Student Organization Code of Conduct, and Student Code of Conduct. Further, I acknowledge that these policies apply to me, and I can be held accountable for any possible violations.

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. Because of your participation in an Student Organization that has a national organizational structure/governing body, it is necessary for the University to secure your consent to release records relating to said membership to that national organization/governing body. I hereby give my consent for the national organization/governing body of my student organization to have access to my education records but only to the extent these records relate to establishing my eligibility for membership and/or when alleged misconduct occurs by me while engaging in activities relating to this student organization. I understand this consent will remain in effect for the academic year.

Furthermore, I give Student Conduct & Ethical Development consent to release my conduct records to the Associate Director, or if unavailable, the Director and Student Engagement Coordinator within Student Involvement at San José State University. Furthermore, you agree that an authorized agent within Student Involvement may determine your membership eligibility as contained in your academic records.

I understand and acknowledge that: (1) I have the right not to consent to the release of information contained in my education records and (2) this consent is of limited duration and may be revoked by me at any time via a writing request, but any such a revocation shall not affect disclosures made prior to the receipt of the the written revocation.

I also understand that I have rights as a potential/new member, including the right to be treated with dignity and respect at all times. If at any time during the course of the semester I feel I am being hazed or poorly treated, I understand that I have the right and the obligation to make Student Involvement aware of the situation.

Hazing in any form is strictly prohibited. Hazing is a broad term that encompasses a multitude of actions and activities. The term hazing refers to any actions or activities that may negatively affect the development of a person or an organization; which cause mental or physical harm; or which subject individuals to harassment, embarrassment, ridicule or distress. Examples of situations that are considered hazing include, but are not limited to tests of endurance, physical abuse, psychological abuse, morally degrading or humiliating activities, forced ingestion of any substance, servitude, or any actions that interfere with academic pursuits. Please refer to Section 245.6 of the California Penal Code and the full hazing policy in the Greek Management Manual.

As president and chapter advisor I sign below to confirm that the signatures below are accurate and that our potential/new membership in its entirety is listed and has reviewed all applicable policies and procedures and agrees to their membership rights and responsibilities:

President : _____ **Date :** _____

Chapter Advisor : _____ **Date :** _____

By signing this statement, I agree that I have read and understand the SJSU Hazing Policy, understand responsibility of membership, and have given my consent for my educational records to be released in eligibility and conduct situations relating to my student organization involvement. I agree to comply with all Student Involvement policies, SJSU policies, local and state laws, policies of my fraternal organization, and policies of the local and inter/national governing council to which my organization belongs.

Please attach additional sheets as necessary.

Potential/New Member FULL Name (Printed)	Potential/New Member FULL Name (Signature)	SJSU Student ID Number	Phone Number XXX - XXX - XXXX