

## SUNY-Plattsburgh Fraternity/Sorority Membership Acceptance

I understand that I need a 2.3 grade point average or higher and 12 credits or more at Plattsburgh State University to be eligible to pledge/join/accept any form of membership in any sorority/fraternity. I further understand that if I sign this card to join a National Panhellenic Conference (NPC) sorority and then choose to depledge, I may not join another inter/national sorority on this campus for one calendar year. I may not alter this card in any way once it has been signed and submitted to the Director of Fraternity/Sorority Life.

I, \_\_\_\_\_, accept the invitation of \_\_\_\_\_ to  
(Print Your Name) (Organization Name)  
become a new member of its chapter. I understand that I am required to attend a New Member Workshop during the first week of my new member education program. I further understand that if I should choose to depledge the organization, I must notify the Director of Fraternity/Sorority Life within 72 hours of my decision to schedule an exit interview. Finally, I understand that I am responsible for all dues and fees associated with joining and maintaining membership in this organization.

In compliance with The General Education Provisions Act, title IV of Public Law 90-247, Section 438, 88 Stat. 571-574 (20 U.S.C. 1232g) and in further compliance of policies and regulation promulgated by Plattsburgh State in its endeavor to comply with the mandates and requirements of said act, I agree to have my academic records released to the President, Scholarship Chair, advisor(s) and inter/national or regional headquarters of this organization and the Center for Fraternity/Sorority Life as long as I remain a member.

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

Witnessed by: \_\_\_\_\_

Campus Address: \_\_\_\_\_

New Member Education for this New Member will begin on (date): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

BANNER ID or SS#: \_\_\_\_\_

FOR	_____ Entered into Computer	_____ Letter to Parents (chapter)
OFFICE	_____ Attended Workshop	_____ Letter to Parents (DoS)
USE		
ONLY	_____ Sem. GPA _____ Cum. GPA	_____ Depledged _____ Date of Exit Int.
		_____ Initiated _____ Date of Initiation

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