

# NEW MEMBER/NEOPHYETE REPORTING FORM

Full Name: \_\_\_\_\_

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

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

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

Millikin ID Number: \_\_\_\_\_

Year in School:    F        S        J        Sr.        Grad

\*\*Please check one.

\_\_\_\_ I give my permission to Millikin University to send a letter to my parents/guardians informing them I have joined a fraternity/sorority.

\_\_\_\_ I **do not** give permission to Millikin University to send a letter to my parents/guardians informing them I have joined a fraternity/sorority.

Address: _____ _____ _____ _____ _____	Address: _____ _____ _____ _____ _____
Email Address: _____ _____	Email Address: _____ _____
My parents/guardian(s) primary language is _____.	

I, \_\_\_\_\_ (print), have been informed of both the University's and my (Inter)National Organization's policies against hazing. I understand that these practices are not only harmful, but illegal in the state of Illinois. I will not allow myself to be hazed nor will I tolerate the hazing or harassment of any fellow members. If my individual efforts to eliminate hazing are not successful, I will notify the proper authorities of the hazing activities that I am aware of.

**From the Millikin University Student Code of Conduct and the University Anti-hazing policy:**

Hazing is an act that endangers the mental or physical health or safety of a student, or which destroys or removes public or private property, for the purpose of initiation/admission into, affiliation with or as a condition of continued membership in a group or organization. The express or implied consent of the student will not be a defense. Apathy or acquiescence in the presence of hazing are not neutral acts; they are violations of this policy.

The *Illinois Hazing Act* defines hazing as follows: A person commits hazing who knowingly requires the performance of any act by a student or other person in a school, college, university, or other educational institution of this State, for the purpose of induction or admission into any group, organization, or society associated or connected with that institution if:

- (a) the act is not sanctioned or authorized by that educational institution; and
- (b) the act results in bodily harm to any person

I attended the following events to learn more about Greek life:

- First Week Meet & Greek Event
- Campus Involvement Fair
- Meet the Greeks/Fraternity & Sorority Informational
- IFC Pre-Recruitment Event
- Panhellenic Progressive Dinner
- Multicultural Greek Council Awareness Session
- Chapter RUSH or Informational Event
- Greek-End Service Event
- Scholarship Family Style Dinner
  
- I met with a Greek Life Ambassador to learn more about opportunities to join a fraternity/sorority
- I would be interested in writing for #TheGreekVoice, an online blog that highlights the experiences of Greek students on campus

I hereby authorize Millikin University Greek Life permission to use my likeness in a photograph in any and all of its publications. I understand and agree that any photograph using my likeness will become property of Millikin University Greek life. I acknowledge that since my participation with Millikin University Greek Life is voluntary, I will receive no financial compensation. I authorize Millikin University to edit, alter, copy, exhibit, publish and distribute photos with me in them for the purposes of publicizing Greek Life's programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve any finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive my right to royalties or other compensation arising or related to the use of photographs in which I appear.

New Member/Neophyete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize Millikin University to disclose the following information contained in my educational records to the Office of Inclusion and Student Engagement and to my chapter or Greek affiliate organizations: high school rank, SAT and/or ACT score(s), semester and cumulative GPA at Millikin and all previously attended institutions. I also authorize the release of academic grade information for the purpose of scholarship awards, recognition, educational needs, midterm deficiencies, and class attendance. This authorization shall remain effective so long as I am enrolled at Millikin University unless rescinded by me in writing.

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

Chapter President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be returned to the Office of Inclusion and Student Engagement (Richards Treat University Center 121) **WITHIN 5 BUSINESS DAYS OF THE TIME A BID FOR MEMBERSHIP HAS BEEN EXTENDED.** All new members of a recognized fraternity or sorority must fill out this form. Failure to do so will result in you being unrecognized by the university as a member of your respective organization. If you have any questions, call 217-424-3511.

