

## Membership Intake Procedure

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The purpose of this document is to provide a source of information regarding Fraternity and Sorority Life's (FSL) procedure for the Membership Intake Process. Membership intake refers to any process, steps, or procedures a student takes in order to become a member of a fraternity or sorority. Any organization seeking to partake in intake must follow the paperwork timeline outlined below.

### Virginia Tech – Fraternity and Sorority Life Privacy Policy

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All documents submitted to Fraternity & Sorority life will be kept confidential. This information will only be shared with respective parties in cases of conduct, alleged hazing, and/or inquiry from administration or national organizations.

Membership intake forms will be kept for at least one academic year (10 months). Access to these documents will only be granted to chapter advisors and/or representatives from the organizations' National Headquarters. All other inquiries about these documents will be referred to the chapter president and/ or chapter advisor(s)

### Required Paperwork Timeline

#### Notice of Membership Intake

- The Office of Fraternity and Sorority Life must be notified of the chapter's intent to conduct intake for the semester.
- **Form must be submitted by the third week of the semester.\***

#### Membership Eligibility Form

- Once students have been selected to proceed through the new member process, (usually after interviews, approval from regional leadership) please complete this form.
- This form must be submitted **one week** before the intake process begins.

#### New Member Initiation Form

- Once students are initiated and officially members of the organization, please complete this form.
- This form must be submitted no less than **48 hours after being initiated but at least 72 hours** before a new member presentation.

*\*We recognize every organization's policies and timeline for intake vary. We will work with the chapter leadership if any of the required dates conflict.*

## Notice of Membership Intake

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The officers and members of \_\_\_\_\_ are excited to announce the intake of new members for the Fall / Spring (circle one) semester of 20\_\_\_\_\_

Intake will start (date, time, location) \_\_\_\_\_

Intake will end on (date, time, location) \_\_\_\_\_

Aspirants will be initiated on (date, time, location) \_\_\_\_\_

New member presentation will be on (date, time, location) \_\_\_\_\_

A staff member will / will not (circle one) be needed at an event. If needed, please indicate what the event is and when \_\_\_\_\_

Intake Coordinator:

Advisor:

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Position in Organization

\_\_\_\_\_

Email

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Phone Number

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President's Name Printed

President's Signature

President's Phone Number

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Primary Advisor Name Printed

Primary Advisor Signature

Primary Advisor Phone Number

**Form must be turned in by the third week of the semester.**

## Membership Eligibility Form

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### Chapter Information

Fraternity/ Sorority Name:

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Name of Officer Submitting Form:

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Email Address:

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Title:

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GPA Required for membership:

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**Release Statement for grades/official VT records.** By signing below I give permission for the Office of Fraternity and Sorority Life to check my academic status, grades, and disciplinary records at Virginia Tech. I further give my permission for the Office of Fraternity and Sorority Life to release this information to the fraternity chapter of which I am associated. Additionally, I understand that my VT student email account will be added to a VT Fraternity & Sorority Life distribution list. This release will expire on the day that I disassociate, or otherwise discontinue my membership with this fraternity/sorority.

**Virginia Tech's Hazing Policy.** By signing below, I understand that hazing is a criminal offense in the Commonwealth of Virginia. Hazing is prohibited in all forms. This policy is based on the proposition that students are entitled to be treated with consideration and respect at all times. Specifically, hazing is defined as any mental or physical requirement, request, or obligation placed upon any person which could cause discomfort, pain, fright, disgrace, or injury, is personally degrading or violates any federal, state, local statute, or university policy, the willingness of an individual to participate in such activity notwithstanding. Fraternities and sororities at Virginia Tech recognize that hazing has no place in their organizations and that it will not be tolerated at Virginia Tech. I agree to report any hazing to the Office of Fraternity and Sorority Life. Read Virginia Tech's full policy on hazing here:

[https://www.hokiehandbook.vt.edu/content/dam/hokiehandbook\\_vt\\_edu/assets/doc/Hokie\\_Handbook\\_18-19\\_FINAL.pdf](https://www.hokiehandbook.vt.edu/content/dam/hokiehandbook_vt_edu/assets/doc/Hokie_Handbook_18-19_FINAL.pdf)

*\*Additional content on next page.*

**Have each aspirant read the two statements on the Membership Eligibility Form and then fill out the information below.**

Required <i>*Provide full, official name. No Nicknames</i>				Office Use Only	
Last Name	First Name	Student ID #	Signature	Cumulative GPA	Semester GPA

**Form must be turned in one week before the intake process begins.**

## New Member Initiation Form

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### Chapter Information

Fraternity/ Sorority Name: \_\_\_\_\_

Name of Officer Submitting Form: \_\_\_\_\_

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

Title: \_\_\_\_\_

GPA Required for membership: \_\_\_\_\_

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

**Release Statement for grades/official VT records.** By signing below I give permission for the Office of Fraternity and Sorority Life to check my academic status, grades, and disciplinary records at Virginia Tech. I further give my permission for the Office of Fraternity and Sorority Life to release this information to the fraternity chapter or council of which I am associated. Additionally, I understand that my VT student email account will be added to a VT Fraternity & Sorority Life distribution list. This release will expire on the day that I disassociate, or otherwise discontinue my membership with this fraternity/sorority.

**Have each new member read the statement above and then fill out the information below.**

*If more name lines are needed, please print a second copy of this form*

<b>Required</b> *Provide full, official name. No Nicknames				<b>Office Use Only</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Student ID #</b>	<b>Signature</b>	<b>Cumulative GPA</b>	<b>Semester GPA</b>

**Form must be turned in no less than 48 hours after initiation but at least 72 hours before new member presentation.**