



University of Lynchburg

Fraternity and Sorority Life

NEW MEMBER PLAN

THIS DOCUMENT IS DUE WITHIN 72 HOURS OF ANY INTAKE OF ANY NEW MEMBERS
*Chapters considered Continuous Open Recruitment will be responsible for completing this form
bids have been accepted*

Chapter Information:

Name of Fraternity or Sorority: _____

Chapter Name: _____

President Name: _____

Member Coordinating Membership Intake:

Name: _____

Phone: _____ Email: _____

Submission of Required Forms: (please provide and checkboxes if completed)

- Updated Membership Roster
- Updated Alumni Advisory Board Listing
- An outline of all New Member Education Activities

New Member Education Learning Outcomes:

After our New Member Program is completed our New Member will be able to:

1. _____

2. _____

3. _____

4. _____

5. _____

Continued on the next page

We as a recognized organization at Lynchburg College will adhere to all policies and procedures regarding New Member Education and will not violate Lynchburg College policies regarding hazing. Additionally, we recognize that

hazing is a felony offense in Virginia and may face criminal charges if our Chapter or members are found responsible for hazing members of our organization or taking any action that may be considered hazing in the eyes of the College, the state of Virginia, or by our National Organization.

We have informed our current and prospective members that our National Organization and University Lynchburg do not support the act of hazing (or any behavior that may be considered hazing) and have provided them with resources to report hazing to our National Headquarters.

We acknowledge that we if we are aware of hazing of our members or the hazing other members of other organizations, this information will be reported immediately either to the Office of Student Activities or to the Dean of Students Office.

We recognize that if this document is not completed in full, not completed by the designated date and time, or we refuse to sign this document, our chapter may be subject to immediate suspension with all scheduled activities by our Chapter suspended.

Chapter Advisor Name

Chapter Advisor Signature

New Member Educator Name

New Member Educator Signature

Chapter President Name

Chapter President Signature