

**USD GENERAL GREEK-LETTER ORGANIZATIONS
CHAPTER PRESIDENTS RESPONSIBILITY STATEMENT
AND APPLICATION FOR REGISTRATION STATUS
*DUE: 9-23-05***

SORORITY/FRATERNITY: _____

I hereby certify that I have received a copy of the "Greek Guidelines" and the Panhellenic or IFC Constitution and Bylaws. I have read and understood the entire contents of both documents, and my chapter agrees to abide by the policies contained therein, including the following:

1. Every pledge or associate member, voting initiate and officer of the organization must be a current student at the University of San Diego.
2. The members of this organization will be free to choose members, select officers and receive membership privileges without regard to race, color, religion, national origin, ancestry, sexual orientation, age or physical disability.
3. The membership and officers agree to abide by all local, State and Federal laws, including the anti-hazing and the alcoholic beverage laws of the State of California and the City and County of San Diego.
4. I have communicated the University policies and applicable laws, particularly those concerning alcohol and hazing to my chapter pledges/associate members and initiated members.
5. The following items are attached to this statement. I certify that they are all complete and up-to- date.
 - Chapter Information Form
 - Complete roster of alumni/alumnae advisors with contact information
 - Complete roster of house corporation board
 - Local Chapter Constitution & Bylaws
 - National/International Constitution & Bylaws
 - Certificate of Insurance, naming USD as additionally insured
6. All changes in the membership rosters and the local or national constitution/bylaws will be reported promptly to the Student Organizations & Greek Life Center. State law requires us to keep your local and national governing documents on file in our office. If there is any problem with furnishing a copy of these documents, please contact the Director of Student Organizations & Greek Life.

I understand that failure to abide by these policies, procedures, regulations and any future directives issued by authorized University officials may result in disciplinary action against my chapter. I also understand that I may be held personally accountable, and therefore subject to disciplinary action, if I am negligent in fulfilling my responsibilities as a chapter president to guide and educate my chapter members with regard to these policies.

Signature of Chapter President

Date

CHAPTER INFORMATION FORM, PAGE TWO

Due: 9/22/04

DISTRICT/PROVINCE/REGIONAL OFFICER: _____

TITLE: _____ PHONE:(_____)

ADDRESS: _____
street city state zip

EMAIL: _____

USD FACULTY/STAFF ADVISOR: _____

TITLE: _____ PHONE:(_____)

ADDRESS: _____
street city state zip

EMAIL: _____

DATE OF YOUR INITIATION OF FALL 2005 NEW MEMBERS: _____

DATE OF YOUR INITIATION OF SPRING 2006 NEW MEMBERS: _____

DATE NEW OFFICERS ARE ELECTED: _____

DATE NEW OFFICERS ARE INSTALLED: _____

SUMMARY OF CHAPTER STATISTICS: (Be sure they are accurate!)

Please list the number of:

	ACTIVES	HOLDOVER
Freshmen	_____	_____
Sophomores	_____	_____
Juniors	_____	_____
Seniors	_____	_____
TOTAL:	_____	_____

FINANCIAL INFORMATION: Please be accurate!

Monthly dues for new members: \$ _____ Paid for how many months? _____

House Bond (one time fee or divided over first year): \$ _____ New Member Fee (one time fee): \$ _____

Initiation Fee (one time fee): \$ _____ Does this include the badge? _____

Any additional fees paid by new members? _____ Please specify and indicate payment schedule:

Monthly dues for actives: \$ _____ Paid for how many months? _____

Annual per capita national dues for actives: \$ _____

Any additional fees paid by actives? _____ Please specify and indicate payment schedule:

Information will be released in the form of a chart to the other sororities and fraternities on campus.

Information will be released to prospective members as average sorority costs and average fraternity cost.