Office of Greek Life Fraternity and Sorority Bid Acceptance Form

Last Name	First Name	Student ID#	
By signing this form, I			_,
1974 and permit McKe semester and cumulat fraternity or sorority's	ts granted to me by the Fam endree University to release ive GPA and student conduc s local and national leadersh t until I complete a self- tern	ily Educational Rights and Privacy Act of my mid-term, final semester grades, t information to the above social ip (as applicable). I understand that this nination card, or the organization initial	.S
initiation/activation, I at McKendree Univers I understand that as a my chapter, the Greek and standards of my c	cannot accept membership ity for one calendar year fr member of this chapter, my community, and McKendree hapter, the governing counc	y membership is terminated prior to minto another social fraternity or sorority on the date signed below. actions reflect not only on myself, but the University. I agree to uphold the value il, the Greek community, and McKendre table to behaviors inconsistent with the	ty on es ee
intramural sports and understand that partic could result in propert	other activities including Ho cipation in these activities is ty damage, bodily injury, or o	s to participate in fraternity/sorority omecoming and Greek Week events. I voluntary and involves certain risks the even death. I understand that the de any type of insurance for participant	
and employees, responsanticipation in these	nsible or liable for any injury activities. These authorizatio the chapter's official roster o	e University, including any of its agents y or damage incurred from my ons and agreements remain effective as on file with the Office of Greek Life and I	3
Cell Phone Number:		McKendree e-mail address:	
Academic Standing Ba	sed on Credits Earned:	Anticipated Initiation Date:	
Signature:		Date:	