

Office of Fraternity & Sorority Life

Fraternity and Sorority Bid Acceptance Form

Last Name _____ First Name _____ Student ID# _____

By signing this form, I _____,

as a prospective member/member of _____
 wish to waive my rights granted to me by the Family Educational Rights and Privacy Act of 1974 and permit McKendree University to release my mid-term, final semester grades, semester and cumulative GPA and student conduct information to the above social fraternity or sorority's local and national leadership (as applicable). I understand that this waiver will be in effect until I complete a self- termination card, or the organization initiates a termination of my membership.

I understand that by accepting this invitation, if my membership is terminated prior to my initiation/activation, I cannot accept membership into another social fraternity or sorority at McKendree University for **one calendar year** from the date signed below.

I understand that as a member of this chapter, my actions reflect not only on myself, but on my chapter, the Greek community, and McKendree University. I agree to uphold the values and standards of my chapter, the governing council, the Greek community, and McKendree University. I understand that I may be held accountable to behaviors inconsistent with these values and standards.

Membership in the chapter provides opportunities to participate in fraternity/sorority intramural sports and other activities including Homecoming and Greek Week events. I understand that participation in these activities is voluntary and involves certain risks that could result in property damage, bodily injury, or even death. I understand that the university and the governing council do not provide any type of insurance for participants of these activities.

I will not hold the governing council, or McKendree University, including any of its agents and employees, responsible or liable for any injury or damage incurred from my participation in these activities. These authorizations and agreements remain effective as long as I am listed on the chapter's official roster on file with the Office of Fraternity and Sorority Life and I am enrolled at McKendree University.

Cell Phone Number: _____ McKendree e-mail address: _____

Academic Standing Based on Credits Earned: _____ Anticipated Initiation Date: _____

Signature: _____ Date: _____

*This document must be signed in the presence of the Coordinator for Fraternity and Sorority Life or their undersigned.