

I understand that falsification of any information on this application or attachments will eliminate me from being considered for membership into Pi Mu Phi Sorority, Inc. By signing this form, I verify that all the information I have provided is true and correct. I understand that at any time, Pi Mu Phi Sorority, Inc can rescind any rights or privileges to an applicant based on the submission of false information or documents.

Initial\*\*

Date:

PERSONAL INFORMATION:

Name:

Date of Birth:

Email Address:

Permanent Address:

Home Phone:

Cell Phone :

Branch of Military:

Enlistment Date:

Discharge Date:

Type of Discharge:

If other, please list type:

EMERGENCY CONTACT:

Name	Relationship	Phone Number

AFFIRMATION STATEMENT:

1. Are you currently a member of another non-profit organization? Yes  No

If you answered yes, please list the organization(s):

(Please Print)

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**PI MU PHI Sorority, Incorporated**

**Membership Interest Application**

**CRIMINAL HISTORY:**

Have you ever been convicted of a crime other than a misdemeanor traffic offense?

Yes  No

If you answered yes, please explain:

Pi Mu Phi

**ACKNOWLEDGE THE FOLLOWING STATEMENTS**

Initial\*\*

In the event, upon acceptance as a member of Pi Mu Phi Sorority, Inc if anything should change concerning your criminal record, the Compliance Officer must be notified within 24 hours of the alleged charge and not the conviction.

Initial\*\*

Once the final disposition of the case has been reached, the Compliance Officer must be notified of the results with 24 hours.

Military Sorority Inc.

I, , have read and understand the requirements asked of me by Pi Mu Phi Sorority, Inc, pertaining to my involvement or any new criminal charges. I also understand that if accepted, I will need to pay annual dues within 5 business days after receiving an acceptance notification. Any Membership fees and instructions will come from the Director of Membership.

Signature of Candidate\*\*

Date\*\*

\*\*Must initial, sign and date

**PI MU PHI Sorority, Incorporated**

**Membership Interest Application**

**BACKGROUND CHECK:**

As part of the membership application process, Pi Mu Phi Sorority, Inc will conduct a background check on you. Such a process requires your permission for Pi Mu Phi Sorority, Inc to obtain a background check from a reporting agency. You will be responsible for the cost associated with obtaining your background which is included in your membership fee. Your report may include, but not be limited to, the following information: consistent with applicable federal, state, and local laws that include obtaining information on convictions and/or pending prosecutions.

I, , hereby authorize Pi Mu Phi Sorority, Inc to conduct a background check and to investigate my qualifications as they relate to my becoming a member in the organization for which I am applying.

I understand that Pi Mu Phi Sorority, Inc may utilize an outside firm or firms to assist in checking such information. I specifically authorize such an assessment by information services and outside entities of Pi Mu Phi Sorority, Inc's choice.

I agree to release and hold harmless Pi Mu Phi Sorority, Inc from any and all liability with respect to receipt of such information and acknowledge that Pi Mu Phi Sorority, Inc is relying on third party information and, therefore, release Pi Mu Phi Sorority, Inc, its affiliates, regions, chapters, and their respected agents, officers, and employees from any and all liability arising out of errors or omissions.

I understand it is the responsibility of all those applying to correct and update negative or conflicting information found on their Background Check and that there is no appeal process.

I also understand that I may withhold my permission. In such a case, no investigation will be done and my application for membership may not be processed further.

Signature of Candidate\*\*

Date\*\*

\*\*Must sign and date

**\*\*\*Please read the entire statement carefully before signing\*\*\***