

ΑΣΦ

ALPHA SIGMA PHI

alphasig.org

ALUMNUS INITIATION INSTRUCTIONS

INSTRUCTIONS

Use the steps below as the correct process for initiating a non-initiated male who is not an undergraduate. Examples of candidates for alumnus initiation are: Male Parent/Relatives, Campus professors, coaches, advisors and employees; male acquaintances of the chapter who have been instrumental in the chapter's development, community leaders, etc.

1. A candidate is chosen for initiation.
2. The candidate is voted on by the chapter for inclusion into the chapter's ranks, just as any other new member would.
3. Once accepted by the chapter for initiation, the candidate/chapter completes the Alumni Membership Agreement form (pages 2 and 3 of this form) and submits it to Alpha Sigma Phi Headquarters. The candidate is not added to the undergraduate initiation class roster in myAlphaSig.
4. Headquarters assigns a roster number to the alumnus initiate.
5. The candidate participates in the next Initiation Ceremony process and experiences initiation by participating in all 5 scenes. The alumnus is not required to go through the New Member Education. There are no participation requirements prior to initiation.
6. Once initiated, the alumnus enters our ranks as an alumnus. He will receive a badge and be afforded all the rights and privileges of a full brother.

ALUMNUS MEMBERSHIP AGREEMENT

You should complete this form at least two weeks prior to your initiation into Alpha Sigma Phi.

Initiation Ceremony Date (to be filled out by Chapter) _____/_____/_____

Roster Number (to be filled out by HQ) _____

PERSONAL INFORMATION

Name _____
FIRST MIDDLE LAST

University _____

Email Address _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Date of Birth _____/_____/_____

Spouse's Name _____

MEMBERSHIP AGREEMENT

I, the undersigned, acknowledge that I have affiliated for the purpose of being initiated into Alpha Sigma Phi Fraternity.

I am familiar with, understand, and acknowledge that Alpha Sigma Phi Fraternity has adopted certain health & safety guidelines. I understand that each member and each new member of Alpha Sigma Phi Fraternity, including me, is obligated to comply with these health & safety guidelines as outlined in the Alpha Sigma Phi Health & Safety Guidelines document, as well as the laws of the land, and the laws, rules, and regulations of the institution where the chapter is located. I understand and acknowledge that these guidelines include alcohol policies, and compliance with state and local laws concerning the use or provision of alcoholic beverages and illegal substances, and I acknowledge that these Policies forbid any form of hazing.

I understand and acknowledge that Alpha Sigma Phi Fraternity is a New York non-profit corporation with its offices in Carmel, Indiana. I understand and acknowledge that Alpha Sigma Phi Fraternity does not control, supervise, or operate the chapter located at the college or university at which I am being initiated, or any other chapter of the Alpha Sigma Phi Fraternity.

I understand and acknowledge that I am not an agent of and that I am not an appointed representative of Alpha Sigma Phi Fraternity, and that I have no authority to enter into any agreement for or in any way legally bind Alpha Sigma Phi Fraternity. I also understand and acknowledge that my chapter is a self-governing, financially self-sufficient association of collegiate students. I understand and acknowledge that my chapter is not an agent of, and that my chapter is not an appointed representative of Alpha Sigma Phi Fraternity, and that my chapter has no authority to enter into any agreement for or in any way legally bind Alpha Sigma Phi Fraternity.

I understand that Alpha Sigma Phi Fraternity is primarily an educational and service organization, and that it does not control or supervise the day-to-day activities of my chapter or any collegiate student associated with my chapter.

I HEREBY RELEASE AND DISCHARGE ALPHA SIGMA PHI FRATERNITY FROM ANY AND ALL CLAIMS, WHETHER PRESENT OR IN THE FUTURE, INCLUDING ANY PERSONAL INJURY CLAIMS, THAT MAY IN ANYWAY ARISE OUT OF MY ASSOCIATION WITH IT OR MY CHAPTER.

In signing this document, I have read and agree to adhere to the purpose of Alpha Sigma Phi Fraternity and agree to the Membership Affiliation guidelines with the understanding that to not adhere to these principles could cause my immediate expulsion from the Fraternity. I have read, understand, and agree to pay the membership fee, outlined below, by the expected due date.

INITIATION FEE

\$150 - Must be paid at least two weeks prior to participating in Scene 1 of the Initiation Ceremony. Failure to submit initiation fees by the deadline will result in the chapter being assessed a late fee.

METHOD OF PAYMENT

Check (Be sure to write your name and Chapter on your check).

Credit Card Mastercard / Visa / Discover #: _____ - _____ - _____ - _____
Expiration Date ____/____/____ Security Code ____
Cardholder's Name _____

Signature _____

Date ____/____/____

