

2009-2010 Alumnus Biographical Data

Alpha Sigma Phi Fraternity

You are to complete this Data Form prior to your initiation into Alpha Sigma Phi. **Please send this Form and the initiation fee to Fraternity Headquarters two weeks prior to your initiation. This form expires on June 30, 2010, and will not be accepted after that date.**

Roster Number _____

Initiation Ceremony Date _____/_____/_____

PERSONAL INFORMATION

Name _____
FIRST MIDDLE LAST

Greek Chapter Name _____ University _____

Permanent Email Address _____

Alternate Email Address _____

Permanent Address _____

City _____ State _____ Zip _____

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

Date of Birth _____/_____/_____ Social Security Number _____ - _____ - _____

Spouse's Name _____

Greek Affiliation (if applicable) _____

Address _____

City _____ State _____ Zip _____

List names of any relatives in Alpha Sigma Phi _____

MEMBERSHIP AGREEMENT

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 as printed on the second page of this form 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 fees, outlined below, by the expected due date.

2009-2010 Academic Year Fee Structure (July 1, 2009 - June 30, 2010)

Initiation Fee: \$263 Must be paid two weeks prior to initiation date. Failure to submit initiation fees by the deadline will result in the chapter being assessed a late fee. The late fee is \$65.75 (or 25% of the initiation fee).

(I understand that the Fraternity uses a collection agency to collect delinquent balances. Should it become necessary to refer my account to a collection agency, I will also be responsible for the collection fees, which are typically an additional 35% of the balance.)

Signature _____ Date _____/_____/_____

METHOD OF PAYMENT

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

Credit Card MC/Visa/Discover #: _____ - _____ - _____ - _____ Expiration Date ____ / ____

CVV/CID (The last 3 digits on back of card) _____

Fees to be charged today: Initiation Fee (\$263)

Cardholder's Name _____

Cardholder's Signature _____

MEMBERSHIP AFFILIATION FORM AND ACKNOWLEDGEMENT

I, the undersigned, acknowledge that I have affiliated for the purpose of being initiated into Alpha Sigma Phi Fraternity, Inc., by the Alpha Sigma Phi Fraternity chapter located at the college or university at which I am currently enrolled as a student.

I am familiar with, understand, and acknowledge that Alpha Sigma Phi Fraternity, Inc. has adopted certain risk management polices, as a member of the FIPG, Inc., Risk Management Association. I understand that each member and each pledge of Alpha Sigma Phi Fraternity, Inc., including me, is obligated to comply with these risk management polices as outlined in the Alpha Sigma Phi Risk Management Polices 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 Policies include alcohol polices, 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, Inc., is a New York non-profit corporation with its offices in Carmel, Indiana. I understand and acknowledge that Alpha Sigma Phi Fraternity, Inc. does not control, supervise, or operate the chapter located at the college or university at which I am enrolled as a student, 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, Inc., and that I have no authority to enter into any agreement for or in any way legally bind Alpha Sigma Phi Fraternity, Inc. 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, Inc., and that my chapter has no authority to enter into any agreement for or in any way legally bind Alpha Sigma Phi Fraternity, Inc.

I understand that Alpha Sigma Phi Fraternity, Inc. 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, INC. FROM ANY AND ALL CLAIMS, WHETHER PRESENT OR IN THE FUTURE, INCLUDING ANY PERSONAL INJURY CLAIMS, THAT MAY IN ANY WAY ARISE OUT OF MY ASSOCIATION WITH IT OR MY CHAPTER.

Signature of New Pledge

_____/_____/_____
Date

OTHER INFORMATION

Should you choose to carry a balance, statements for your unpaid fees will be sent to your permanent address monthly until the fees are paid.

Your personalized membership badge, card, shingle, and a copy of the *To Better the Man* book will be ordered and mailed to you after you have paid your initiation fees and after your roster number and initiation date have been reported to Fraternity Headquarters. Processing time for these orders is six to eight weeks.

FOR OFFICE USE ONLY

Entered _____	Inv. Requested _____	Payments: _____
TBTM _____	Parent Packet _____	Ck. # _____ CC _____
M. Card _____	Pledge Letter _____	Ck. # _____ CC _____
Shingle _____	1st Statement _____	Ck. # _____ CC _____
Badge _____		Ck. # _____ CC _____