

SUNY CORTLAND FRATERNITY/SORORITY CONTINUED RECOGNITION APPLICATION FOR 2019 – 2020

Final Due Date: Monday, September 2, 2019

***Feel free to submit sooner if complete**

Information in this application will be shared with chapter consultants, national offices, chapter advisors and local governing and/or advisory boards as appropriate. Please remember to include the other items needed to make this application complete (see "Start of Year" letter for details).

NAME OF ORGANIZATION: _____

CHECK ONE: FRATERNITY _____ SORORITY _____

CHECK ONE: CHAPTER _____ COLONY _____

MAILING ADDRESS OF NATIONAL HEADQUARTERS: _____

PHONE NUMBER: _____ HQ EMAIL: _____

CHAPTER HOUSE ADDRESS (if applicable): _____

LANDLORD'S NAME, PHONE NUMBER, AND EMAIL ADDRESS: _____

TOTAL # ACTIVE MEMBERS: _____ # LIVING IN CHAPTER HOUSE: _____ # LIVING ON CAMPUS: _____

NAME OF SUNY CORTLAND CHAPTER/COLONY ADVISOR(S) (College full time employee, cannot be a student):

COLLEGE POSITION/JOB AND CAMPUS ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

PRIMARY NATIONAL AND/OR CHAPTER/COLONY PHILANTHROPIES (If Applicable):

SELECT CHAPTER/COLONY OFFICERS: A listing of all chapter/colony officers is to be provided separately.

Please note that generic terminology is being used for each position.

	Name	Preferred Email	Phone Number
President:	_____	_____	_____
Vice President:	_____	_____	_____
Recruitment:	_____	_____	_____
	_____	_____	_____
New Member Educator:	_____	_____	_____
	_____	_____	_____
Scholarship:	_____	_____	_____
Treasurer:	_____	_____	_____
Community Service:	_____	_____	_____
Philanthropy/Fundraising	_____	_____	_____
	_____	_____	_____
Social:	_____	_____	_____

GMC CHAPTER/COLONY REPRESENTATIVE, PHONE NUMBER(S), and PREFERRED EMAIL (If applicable):

IFC CHAPTER REPRESENTATIVE, PHONE NUMBER(S), and PREFERRED EMAIL (If applicable):

PANHELLENIC CHAPTER REPRESENTATIVE(S), PHONE NUMBER(S), and PREFERRED EMAIL (If applicable):

CHAPTER/COLONY ROSTER FOR FALL 2019

The roster can be submitted using the information/format that the chapter uses for itself or its National. The document provided should be clearly labeled to contain the organization's name and the semester for which it is applicable. This separate listing must contain the following information for every member:

- Name, phone number, preferred email address, and where they are living while attending SUNY Cortland this Fall

Groups that have less than 10 members may choose to use this page.

All groups are to provide a separate listing for members who are studying abroad or student teaching or otherwise "inactive" for the Fall 2019 semester. Next to each name please indicate the broad reason why they are "inactive," i.e. student teaching, field work, internship, etc. If someone who is student teaching or interning is doing so locally and remaining active with the colony/chapter please include that information as well.

Organization: _____

Semester and Year: FALL 2019

NAME (Please print)

PHONE

PREFERRED EMAIL

COLLEGE ADDRESS

1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

SUBJECT: Certificate of Compliance with SUNY Board of Trustees Resolution 76-292

I certify that the constitution, by-laws, policies, regulations, and practices of the organization above do not restrict membership on the basis of race, creed, national origin, sex, age, sexual preference, or disability, except as may be specifically exempted by Federal or State laws or regulations, and further, the active membership of the campus affiliate has authority independent to any national organization to determine membership in the campus affiliate, in keeping with SUNY Board of Trustees Resolution 76.292.

President (Print, Sign, and Date):

VP of Recruitment (Print, Sign, and Date):

Secretary (Print, Sign, and Date):

Organization: _____

SUBJECT: Certification of Compliance with Hazing Laws and Regulations

This is to certify that the campus organization named below is in compliance with the laws of the State of New York prohibiting hazing (Ch. 86, Section 120.16, 120.17 and 120.18) of new/associate members, and the State University of New York Codes, Rules and Regulations of the 8 Education Laws, Volume B, Section 535.3, September 30, 1980. I certify that part 535.3 (1) of the Rules of the Board of Trustees (which prohibit reckless or intentional endangerment of mental and physical health or forced consumption of liquor or drugs for the purpose of initiation into or affiliation with any organization has been incorporated into the by-laws of this organization.)

I also understand that the law requires that individuals in violation of such regulations shall be subject to applicable provisions of the Penal Law, in addition to campus disciplinary proceedings.

I further understand that an organization found to be in violation of such regulations shall have their permission to operate on campus rescinded.

I further certify that this statement has been read in its entirety to the general membership of my chapter and has been entered into the minutes of a meeting of the organization and a copy of the attached page on hazing laws and regulations document has been given to each member/new member of this chapter. In addition, the organization, in association with the National Interfraternity Conference, the National Panhellenic Conference, and other National Greek Conferences represented on our campus, is in compliance with respective resolutions against hazing and resolutions on human decency/dignity.

President (Print, Sign, and Date):

New Member Educator/Dean of the Line (Print, Sign, and Date):

Risk Management Chair (Print, Sign, and Date): ***Use VP if group doesn't have this office

Organization: _____