

**SUNY CORTLAND FRATERNITY/SORORITY CONTINUED RECOGNITION APPLICATION FOR 2021 – 2022**

**Final Due Date: Monday, September 6, 2021**

**\*Feel free to submit sooner if complete. This is only part of the required continued recognition application packet.**

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 packet complete (see “Start of Year” letter and/or Greek Life Operations Manual for details).

**Insert NAME OF ORGANIZATION:**

Check Appropriate Categories:

Fraternity: \_\_\_\_\_ Sorority: \_\_\_\_\_ Chapter: \_\_\_\_\_ Colony: \_\_\_\_\_

**Insert MAILING ADDRESS OF NATIONAL HEADQUARTERS:**

HQ PHONE NUMBER: \_\_\_\_\_ HQ EMAIL: \_\_\_\_\_

**Insert CHAPTER HOUSE ADDRESS (if applicable):**

Also needed: Landlord’s name, phone number, AND email address:

Total # Active Members: \_\_\_\_\_ # Living In Chapter House: \_\_\_\_\_ # Living On Campus: \_\_\_\_\_

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

Name(s):

Cortland position/job and campus address for each:

Phone number and email address for each:

**ADDITIONAL NATIONAL CONTACTS (Organizational chapter/colony advisors, area/regional coordinators, district and/or section chairs, etc.)**

Provide name, position, email address, and phone number for each person.

**CHAPTER/COLONY ALUMNI BOARD OF DIRECTORS, ALUMNI ADVISOR BOARD, ETC.** (If applicable)

Provide name, position, email address, and phone for each person.

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

**SELECT CHAPTER/COLONY OFFICERS INFORMATION REQUIRED:** For each position listed below, provide the name of the person(s) holding the position, their preferred email(s), and phone number(s). The position titles used are general ones and may not match those used by specific organizations.

President:

Vice President (2<sup>nd</sup> in command):

Recruitment:

New Member Orientation:

Scholarship:

Treasurer:

Secretary:

Community Service:

Philanthropy and/or Fundraising:

Social:

**GMC CHAPTER/COLONY REPRESENTATIVE** (If applicable):

Name:

Phone:

Preferred Email:

**IFC CHAPTER REPRESENTATIVE** (If applicable): Note: IFC will remain inactive in Fall 2021 so no need to complete.

Name:

Phone:

Preferred Email:

**PANHELLENIC CHAPTER REPRESENTATIVE(S)** (If applicable):

Name:

Phone:

Preferred Email:

Name:

Phone:

Preferred Email:

**Also needed is a listing of all chapter/colony officers and other positions such as General Board members, Committee Chairs, etc. This information is to be provided on a separate document and could be combined with the required roster information mentioned below.**

**CHAPTER/COLONY ROSTER FOR FALL 2021**

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 to which it is applicable.

1. 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. Information may again be shared with the University for the purposes of contact tracing so please make sure it is accurate and complete.
2. All chapters/colonies are also to provide a separate listing of members who are studying abroad or student teaching or otherwise "inactive" for the Fall 2021 semester.
  - a. Next to each name please indicate the reason why they are "inactive," i.e. student teaching, field work, internship, transferred out over the summer, etc. If someone who is student teaching or interning is doing so locally and remaining active with the colony/chapter please indicate that as well.

**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.

If any officers do not have an electronic signature, they are to print their name for a second time and italicize that second entry.

President (Print, Sign, and Date):

Name:

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

Name:

Secretary (Print, Sign, and Date):

Name:

Organization Name:

**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 all respective resolutions against hazing and resolutions on human decency/dignity.

If any officers do not have an electronic signature, they are to print their name for a second time and italicize that second entry.

President (Print, Sign, and Date):

Name:

New Member Orientation Coordinator: (Print, Sign, and Date):

Name:

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

Name:

Organization Name: