

SUNY CORTLAND FRATERNITY/SORORITY CONTINUED RECOGNITION APPLICATION FOR 2022 – 2023

Final Due Date: Monday, September 5, 2021

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

Information on 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). This application is to be submitted electronically to the school’s Associate Director for Campus Activities and Greek Affairs, Sandra.Wohlleber@cortland.edu.

Print Name Of Organization:

Check Appropriate Categories below:

Fraternity: _____ Sorority: _____ Chapter: _____ Colony: _____

Print Mailing Address Of National Headquarters (HQ):

HQ PHONE NUMBER: _____ HQ EMAIL: _____

Print 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: _____

List SUNY Cortland Chapter/Colony Advisor(s) (University full-time employee, cannot be a student):

Name(s):

Cortland position/job and campus address for each:

Phone number and email address for each:

List 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.

List Chapter/Colony Alumni Board Of Directors, Alumni Advisory Board, etc. (If applicable)

Provide name, position, email address, and phone for each person. If one does not exist, please put N/A below.

List Primary National and/or Chapter/Colony Specific Philanthropies (If Applicable):

Provide Required Chapter/Colony Officer Information: 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. Put N/A after any position not applicable to your chapter/colony.

President:

Vice President (2nd in command):

Recruitment:

New Member Orientation:

Scholarship:

Treasurer:

Secretary:

Community Service:

Philanthropy and/or Fundraising:

Social:

Public Relations and/or Social Media:

GMC CHAPTER/COLONY REPRESENTATIVE (If applicable):

Name: Phone: Preferred Email:

PANHELLENIC CHAPTER REPRESENTATIVE(S) (If applicable):

Name: Phone: Preferred Email:

Name: Phone: Preferred Email:

Also Needed: 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.

Provide Chapter/Colony Roster For Fall 2022

The roster can be submitted using the information/format that the chapter uses for itself or its National as long as it contains all needed information. The document provided should be clearly labeled to contain the organization's name and the semester to which it is applicable. All roster information should be submitted in alphabetical order by last name.

1. Roster information must include the following information for every active member: Name, phone number, preferred email address, and where they are living while attending SUNY Cortland this Fall. This information may also be used for the purposes of contact tracing so please make sure it is accurate and complete.
2. Also required to be submitted: A separate listing of all members who are studying abroad, student teaching, doing fieldwork, etc. during the Fall 2022 semester. Also include anyone who has transferred out or resigned from the chapter/colony over the summer.
 - a. There should be two lists for this section: One contains those who will be inactive this semester while the other contains those who will be in Cortland and will remain active with the chapter.
 - i. Next to each name, provide the reason they are on the list, i.e. student teaching
 - ii. For anyone who will be living locally, make sure to provide all of the contact information mentioned above.

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 Name:

Date:

Sign Name:

VP of Recruitment (or VP if there is no specific person serving as a recruitment officer)

Print Name:

Date:

Sign Name:

Secretary (Print, Sign, and Date):

Print Name:

Date:

Sign 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 Name:

Date:

Sign Name:

New Member Orientation Coordinator:

Print Name:

Date:

Sign Name:

Risk Management Chair: ***Use Vice President if chapter/colony doesn't have this office.

Print Name:

Date:

Sign Name:

Organization Name: