Name of Organization/Chapter: ______________________________________________________

President: _______________________________________________________________________

Name                                      Phone                                      Email

Chapter Advisor: ________________________________________________________________

Name                                      Phone                                      Email

A. General Information

Chapter Meetings Held: ____________________________________________________________

Day of Week                                      Time                                      Location

Date of Last Initiation: ___________          Date of Next Initiation: _______________

Month/Year                                      Month/Year

Date of Last Elections: ___________          Date of Next Elections: _______________

Month/Year                                      Month/Year

B. Insurance Information

Insurance certificates verifying the amount and type of your chapter’s insurance are required annually by Salem State University and the Campus Center Office. Please supply the name of your insurance company in order for us to request a copy of the certificate:

__________________________________________________________

C. Roster

Please use Microsoft Excel, or the attached form, to complete the roster information and use the format below.

Alpha Beta Fraternity, Massachusetts Beta Chapter

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>POSITION</th>
<th>PHONE</th>
<th>EMAIL</th>
<th>STATUS</th>
</tr>
</thead>
</table>

1. The following positions should be listed on your roster: President, Vice President, Secretary, Treasurer, Recruitment Chair, New Member Educator, Scholarship Chair, Risk Manager, Community Manager, Philanthropy/Service Chair, Social Chair, Chapter Advisor, Faculty/Staff Advisor, and Inter/national Headquarters Contact. Feel free to also add any additional important positions within the chapter or utilize your chapter’s own terminology.

2. The section entitled “STATUS” is where to list the status of a member. Some examples include: active, inactive, abroad, special status, etc.

3. Rosters should be emailed to Bruce Perry at bperry@salemstate.edu by April 19, 2013.
D. **Recognition Form for Student Organizations**

Ensure that your organization is recognized by the university by completing the Application of Intent to Establish a Student Organization. Each organization will then be asked to complete an annual recognition packet with the Campus Center Office.

E. **New Member Workshop: Greek 101**

All new members are required to attend one of the workshops offered by the Campus Center Office about policies, procedures, and expectations for Greek Life on campus.

F. **Officer Training Workshop: Greek 202**

The President and officer(s) responsible for new member education are required to attend one of the workshops offered by the Campus Center Office explaining campus policies, procedures and expectations.

G. **New Member Education Program**

Each organization is required to prepare a new member education program and to file it with the Campus Center Office in Ellison Campus Center Room 218. Changes to the program must be approved by the Director of the Campus Center (or designee) prior to activities taking place.

H. **Policy Compliance**

All organizations are required to understand and abide by all Salem State University policies, state laws, and the requirements of your inter/national organizations. This includes but is not limited to the Student Conduct Code, Groups and Clubs Manual, Undergraduate Student Handbook and all policies on anti-hazing, alcohol, and recruitment.

Signature of President: ____________________________ Date: _________________

*All materials must be submitted by Friday, April 19, 2013.*
HAZING STATEMENT

A. Definition
Any action taken or situation created intentionally, to produce mental or physical discomfort, embarrassment, harassment or ridicule. Such activities and situations include:

1. paddling in any form
2. attempting to create excessive fatigue
3. physical and psychological shocks
4. treasure hunts, scavenger hunts, road trips or any other such activities
5. requiring the wearing publicly of apparel which is conspicuous and not normally in good taste requiring participation in public taunts, buffoonery, morally degrading or humiliating games and activities as well as late work sessions which interfere with scholastic activities any other activities which are not consistent with the constitution or bylaws of an organization or policies of the university.

B. Principles
1. The university believes that student’s organization development must be nurtured in an atmosphere of social and moral responsibility, respect for duly constituted authority, and loyalty to the principles of higher education.
2. The university believes that while social behavior cannot be legislated, an organization without morally sound precepts and practices is not a constructive influence upon university students
3. The university believes that any organization with pledging or initiation programs has a solemn obligation in the development of its pledges and members which extends to the institutions where it is represented; to parents and others who make possible the education of pledges and members; to the communities where chapters are accountable for good citizenship; and to the university.
4. The university further believes, despite the fact that much progress has been made, that one of the most damaging elements to a student organization is the employment of a program of education which includes hazing and that this unproductive, ridicules and hazardous custom has no rightful place at the university.

C. Policy
As defined in Section A, all forms of hazing by any individual, group or organization is strictly prohibited by the university. Any infractions of the hazing policy by students, groups of students, or student organizations shall be processed through established campus disciplinary procedures.

1. Individual students found guilty of hazing policy will be subjected to disciplinary sanctions in the form of suspension, dismissal, or expulsion from the university.
2. Any student organization found guilty of hazing will be subjected to immediate loss of recognition for a specified period of time and possible revocation of its campus charter of applicable. An organization desiring recognition after the specified time period shall re-apply for recognition through the established campus procedures.
3. If a student affiliated with an organization acts individually or on the part of the organization to commit an act of hazing, both the student and the organization shall be held liable for the action and appropriate sanctions shall be imposed.
Grade Release/ Non-Hazing Form

Salem State University

The Family Education Rights and Privacy Acts of 1974 prohibit the release of personally identifiable information from the students’ education records without their prior written authorization. Exceptions to this policy are limited to: 1) release of such information to a specific list of officials with a legitimate educational interest in the record, 2) the release of such information in response to a court order, health or safety emergency, or approved research project or 3) the release of public directory information which has not been previously restricted by the student.

Fraternity/ Sorority 

________________________________________________

Name 

________________________________________________

Last 

First 

Middle 

Date of Birth 

________________________________________________

Student ID 

________________________________________________

I have accepted membership in the organization above and hereby consent to the release of the following information to the indicated offices:

Records to be disclosed: Semester grade point average and cumulative grade point average and any other records as authorized to the Campus Center and Student Life Offices.

Parties to whom the records may be disclosed: Chapter President, Chapter Advisor, Scholarship chairperson, National Headquarters staff.

Purpose of disclosure: For use in chapter scholarship statistics, educational programming, awards recognition and verification of minimum academic standards.

Length of disclosure: This authorization shall remain in effect as long as I remain a member of the organization and am enrolled at Salem State University unless I submit a written revocation of this authorization to the Campus Center Office.

Hazing Policy Compliance

I agree to the following (please initial each)

1. I have received and fully understand the Salem State University Hazing Policy and the Commonwealth of Massachusetts Hazing Law.

2. I have read and fully understand the national hazing policy of the organization of which I am seeking membership.

3. I understand that hazing puts both myself and my organization at risk and I agree to comply with these policies and to report hazing of which I am aware.

4. I understand that hazing practices are not only harmful, but also have no place in Greek letter organizations. I will not allow myself to be hazed nor will I tolerate the hazing or harassment of any fellow members.

5. I pledge that I will work to eliminate all forms of hazing practices found within my fraternity/sorority chapter as well as to uphold all other rules and regulations of the University.

____________________________________

Member Signature 

______________ 

Date 

______________ 

President Signature 

______________
Please give a general description for each meeting and activity planned for new members. Please include dates, times, and locations for each meeting and activity. Changes to this program must be approved prior to activities taking place by the Director of the Campus Center (or designee).

**Week 1:**

Study hours:

Meetings:

Rituals:

Service:

Total Hours for the Week:

**Week 2:**

Study hours:

Meetings:

Rituals:

Service:

Total Hours for the Week:
Week 3:

Study hours:

Meetings:

Rituals:

Service:

Total Hours for the Week:

Week 4:

Study hours:

Meetings:

Rituals:

Service:

Total Hours for the Week:

Week 5:

Study hours:

Meetings:

Rituals:

Service:

Total Hours for the Week:
Week 6:

Study hours:

Meetings:

Rituals:

Service:

Total Hours for the Week:

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Week 7:

Study hours:

Meetings:

Rituals:

Service:

Total Hours for the Week:

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Week 8:

Study hours:

Meetings:

Rituals:

Service:

Total Hours for the Week:
CONSTITUTION STATUS
Each group must have a constitution filed in the Student Involvement Office and the Student Government Office. When submitting your recognition papers, you must include two copies of your constitution. If you prefer you may send an electronic copy to Ms. Kerrie Tingle at kerrie@salemstate.edu. You may use the copier in the Student Government Office if necessary. If you have not already done so, all organizations must update their constitutions to reflect university status. Check the items below as they apply to your organization.

_____ There have been changes in the Constitution or Bylaws in 2011-2012, including University status, and these changes have already been approved by the Rules Committee under the Student Government Association and I have submitted two copies with my completed recognition papers.

_____ There have been changes to the Constitution or Bylaws to reflect University status and I have submitted two copies with my completed recognition papers for approval by the Rules Committee.

_____ There have been changes to the Constitution or Bylaws in addition to University status and I have submitted two copies with my completed recognition papers for approval by the Rules Committee.

DESK SPACE
Each year groups and clubs may apply for desk space in the groups and clubs room located on the ground level of the campus center. The groups presently in the space must also apply and cannot assume they can keep this space each year. There is a large conference room in the back area of the Group and Club Room that all group and clubs can sign-up to use for their meetings. Check items below as they apply to your organization.

_____ We wish to apply for desk space for the academic year 2013-2014.

_____ We do not wish to apply for desk space for the academic year 2013-2014.

*If you do not wish to apply for desk space, fill out the following information to assist us in directing students to your on campus address (ex., your advisor’s office, a lounge area, or a department office). Please make sure any location identified is acceptable to your advisor and/or the departmental faculty and staff.

Present Location - Building _____________________ Room # ______________________ Phone # ______________________ (at this location)

GROUP & CLUB ROOM AGREEMENT REQUIREMENTS
All groups and clubs who request space must adhere to the requirements listed below:

❖ Keep area clean and do not expand space to other areas or block other areas.
❖ Only hang posters on the wall within your area.
❖ Each group is assigned one drawer only in the file cabinets between the doors of conference room.
❖ Remember that this area is accessible to many people so secure valuables.
❖ The conference room is available on a first come first serve basis. See Helene Collins in ECC218, or call x6438.
❖ Each spring an evaluation process will take place to determine whether groups are using their assigned cubicles. Each group must use the office at least four hours a week. Groups who do not have a cubicle will be placed on a waiting list for the next available space.
❖ Table and chairs are for each group and club to share. Please keep table cleaned off for the next person to use.
❖ Last one to leave should shut the door and shut lights off.

If you agree to terms and conditions of the above requirements, please print your name, title, and sign.

Title_________________ Name_________________________ Signature _________________________
WEB PAGE ASSISTANCE

Web Page Contact:
Each student organization is listed on the Salem State webpage. Please determine who you would like to list as the contact person on your webpage. **Please consider who you would like us to refer new students to when they inquire about your organization.** If you do not identify a person, your advisor will be listed as the contact person.

Web Page Contact: __________________________

☐ Our club or organization would like our advisor to be listed as our contact person

Web Page Content:
We hope to gradually build up the content in the Salem State web pages for groups & clubs. Please provide any content that you would like added to your webpage to Kerrie Tingle at ktingle@salemstate.edu
Summer is an ideal time for us to add general information about your organization, descriptions of traditional events, photos from past events, etc. to your webpage. As you plan events during the year, please provide us with details about your events so they can be listed on your web page and the university calendar to keep students up to date.

LOOKING FOR AN E-MAIL ADDRESS OR A VOICEMAIL FOR YOUR CHAPTER?

Proxy Voice Mail:
Would you like a voice mailbox created for your organization, so that students may call your organization and leave a message for your group?
☐ Yes, I am interested in setting up a voicemail
☐ No, I am not interested in setting up a voicemail at this time
☐ We already have a voicemail created and our extension is: __________________________

Proxy Email Address:
Would you like an email address specific to your organization (e.g., sga@salemstate.edu) for interested individuals to contact your group? IT can create a separate mailbox for your group in the university email system. Please note that a faculty or staff person must be willing to serve as the recipient of this email address, but the mailbox will be separate from their SSU email mailbox.
☐ Yes, I am interested in setting up an e-mail address for my group or club
☐ No, I am not interested in setting up an e-mail account for my group or club
☐ I already have a salem state email address and our email address is: __________________________

If you answered yes to wanting to set up an e-mail account; Please list the faculty/staff member who will be the recipient of this email address.

Faculty/Staff
Member: ____________________________ Department: ____________________________

Email Address: ____________________________