

PERSONNEL RECORD
OF
THE DELTA CHI FRATERNITY

Full name of initiate (without initials) _____

Preferred Name (if different than First Name) _____

Chapter _____ Permanent Address (not school address): _____

Date of Initiation _____

Intended Year of Graduation _____

Social Security No. _____

Date of Birth _____

Major _____ Email _____

Education (Give names of preparatory schools or colleges attended with dates and degrees where appropriate)

Full name of father (without initials) _____

Residence of father _____

Full name of mother (without initials) _____

Residence of mother (if different than father's) _____

Relatives who are members of Delta Chi Fraternity _____

Membership Shingle Data _____

I know that The Delta Chi Fraternity prohibits hazing in any and all forms and, from my associate member education, I understand this prohibition and am aware of the activities that constitute hazing, such as those listed in the Cornerstone. I further understand that any participation in hazing is a violation of the Fraternity's Constitution and By-Laws (Delta Chi Law) and my oath of membership. I also understand that the occurrence of hazing at my chapter can subject it to disciplinary action and any participants to inactivation or expulsion. I understand my obligation is to report hazing **or any other violation of Delta Chi Law** to an authority of the Fraternity able and willing to remedy the violation and that the failure to make such a report is itself a violation of Delta Chi Law and unworthy conduct punishable by inactivation or expulsion from the Fraternity.

Signature of Initiate

