

# GAMMA IOTA SIGMA - APPLICATION FORM

**Full Name** \_\_\_\_\_

**Local Address** \_\_\_\_\_

**City, Zip Code** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Permanent Address** \_\_\_\_\_

**City, Zip Code** \_\_\_\_\_

**Telephone Number (Area Code)** (\_\_\_\_) \_\_\_\_\_

**Student ID#** \_\_\_\_\_

**Month/Year of Birth** \_\_\_\_\_

**Cumulative GPA at UGA ONLY:** \_\_\_\_\_ (minimum 3.0 required)

**Expected Graduation Date:** \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(today's date)

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**Important:**

Once you turn in this application to Brook 206, **AND** have met the minimum GPA requirement, you are considered a member. It will be to your advantage to begin participating in events immediately. Please allow between 6-8 weeks to receive your certificate. If you are not enrolled in any RMIN classes, you may find out about important activities and dates on the RMIN web page at ([www.terry.uga.edu/insurance](http://www.terry.uga.edu/insurance)) **GOOD LUCK!**

**\*\*Check for \$40 must be attached payable to Gamma Iota Sigma\*\***



**PLEASE FILL IN ALL BLANKS AND PRINT CLEARLY**

# GAMMA IOTA SIGMA

## APPLICATION FOR MEMBERSHIP

17 S. High Street Ste 200  
Columbus, Ohio 43215  
614-221-1900



CHAPTER

DATE

UNIVERSITY ATTENDING OR ATTENDED \_\_\_\_\_        NEW MEMBERSHIP        RENWAL MEMBERSHIP

NAME LAST FIRST MIDDLE \_\_\_\_\_ PHONE \_\_\_\_\_ DATE OF BIRTH MO YR

CAMPUS ADDRESS STREET CITY STATE ZIP CODE PHONE EMAIL

PARENT OR GUARDIAN NAME LAST FIRST MIDDLE PHONE MR./MRS. MR. MS.

PERMANENT MAILING ADDRESS STREET CITY STATE ZIP CODE  
 PERSONAL  
 PARENTS

INDUSTRY EXPERIENCE COMPANY	DATES	POSTION	REMARKS – Industry Training or career interest	PROFESSIONAL DESIGNATIONS

GRADUATION DATE MO DA YR	<input type="checkbox"/> EXPECTED <input type="checkbox"/> COMPLETED	DEGREE / MAJOR	FOR HEADQUARTERS USE ONLY		
			PAYMENT REC'D	CERTIFICATE PREPARED	DATABASE

**CHAPTER SECRETARY: RETAIN A COPY; SEND ORIGINAL TO:**  
GRAND CHAPTER, GAMMA IOTA SIGMA  
17 S. HIGH STREET STE. 200, COLUMBUS, OH 43215

7/05 Visit us at [www.gammaiotasigma.org](http://www.gammaiotasigma.org) or email [grand@gammaiotasigma.org](mailto:grand@gammaiotasigma.org)

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Detach here  
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Directions for filling out application card:

1. Fill in **ALL** blanks
2. **PRINT CLEARLY**
3. If you reside in your own home/apartment (not an dorm or campus apartment) then place this address on the Permanent Mailing Address line and check mark the box next to personal.
4. If you live in a Campus Dorm or Apartment then place this address on the Campus Mailing address line.
5. Please provide Parents Mailing address if you do not reside in your own home or off campus apartment.

# UGA Hazing Compliance Form

Hazing is defined as any intentional, negligent or reckless action, or situation, which causes another pain, embarrassment, ridicule or harassment, **regardless of the willingness of the participant.**

Such actions and situations include, but are not limited to, the following:

1. forcing or requiring the drinking of alcohol or any other substance;
2. forcing or requiring the eating of food or anything an individual refuses to eat;
3. calisthenics (push-ups, sit-ups, jogging, runs, etc.);
4. “treeings” (tying someone up and throwing food or other substances on them);
5. paddle swats;
6. line-ups (yelling at people in any formation or harassing them);
7. forcing or requiring the theft of any property;
8. road trips (dropping someone off to find his own way back);
9. scavenger hunts;
10. permitting less than six (6) continuous, uninterrupted hours of sleep per night;
11. conducting activities which do not allow adequate time for study (not allowing to go to class, missing group projects, etc.);
12. nudity at any time;
13. running personal errands of the members (driving to class, cleaning their individual rooms, serving meals, picking up laundry, washing cars, etc.);
14. requiring the violation of University, Federal, State or local law.

## **HAZING IS AGAINST STATE, FEDERAL, AND LOCAL LAW**

I understand all components of the UGA Hazing Policy; I understand the reasons why this policy was adopted by the University of Georgia.

I agree to support the policy and its implementations. Participation in hazing activities or the failure to report such activities (had prior knowledge of hazing violations and did not take the necessary steps to stop hazing from occurring) may cause action to be brought against myself and the chapter.

Any hazing activities will result in an automatic referral to the Office of Judicial Programs.

**I have read, understand, and agree to adhere to the UGA Hazing Policy.**

\_\_\_\_\_  
(Print full name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Student Organization)

\_\_\_\_\_  
(Date)