

**Office of Fraternity and Sorority Affairs
New Member Registration Form**

Personal Information (please print):

Student Name (Last, First, MI) _____

Home Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

RUID # _____ Date of Birth _____

Semester Pledged/Affiliated _____ Class Year _____

E-Mail Address _____

Fraternity/Sorority Name _____

University Information:

College Affiliation (check all that apply):

_____ Rutgers College

_____ Engineering (check college)

_____ Douglass College

_____ Pharmacy (check college)

_____ Livingston College

_____ Mason Gross (check college)

_____ Cook College

_____ Nursing (check college)

_____ University College

_____ SEBS

_____ SAS

Authorization/Compliance Information:

I have received a copy of the New Member Hazing Packet and the Pledges Bill of Rights.

Signature Date

I understand my rights and responsibilities as outlined in my New Member Hazing Information packet.

Signature Date

I authorize the release of my grades to my undergraduate chapter officers, chapter advisor, inter/national headquarters and OFSA.

Signature Date

I authorize OFSA to mail Greek life information (brochures, newsletters) to my parents/guardians.

Signature Date