

**PSI RHO CHI Military Sorority, Incorporated®
Membership Interest Application**

I understand that falsification of any information on this application or attachments will eliminate me from being considered for membership into Psi Rho Chi Military Sorority, Incorporated. By signing this form, I verify that all of the information I have provided is true and correct. I understand that at any time, Psi Rho Chi Military Sorority, Incorporated can rescind any rights or privileges to an applicant based on the submission of false information or documents.

PERSONAL INFORMATION:

First Name: _____ MI: _____ Last Name: _____ DOB: _____ Email Address: _____

Permanent Address: _____ City and State: _____ Zip Code: _____

Home Phone (include area code): _____ Cell Phone (include area code): _____

MILITARY AFFILIATION:

Military Affiliation: Active Duty ___ Reserve/Guard ___ Retired ___ Veteran Status ___

Veteran Branch of Service: _____

Time in Service: _____ Years: _____ Month: _____ Type Discharge: _____

EMPLOYMENT INFORMATION: (Applicants without an Active Duty Classification)

Employer: _____ How long? _____

Phone: _____ E-mail: _____ Fax: _____

City _____ State: _____ ZIP Code: _____

Position: _____

Any current/pending disciplinary actions against you? Yes ___ No ___ If yes, explain:

REFERENCES

(Current Supervisor/Commander, Community Service Leader & Personal Reference)

NAME	CATEGORY	PHONE	EMAIL

REFERRALS BY PRX MEMBER(S)

NAME	CATEGORY	PHONE	EMAIL

Signature of Candidate: _____

Date: _____

ANTI-HAZING POLICY

Psi Rho Chi Military Sorority, Incorporated, has a strict policy against hazing. Hazing is defined as an act or series of acts that may include, but are not limited to: attending unauthorized rush meetings or sessions; removing garments; eating or drinking anything given to you as a requirement for membership in Psi Rho Chi Military Sorority, Incorporated; being subjected to any form of verbal, physical or mental harassment, intimidation or disgrace; “underground hazing,” “financial hazing,” “pre-pledging” or “post-initiation pledging.” Psi Rho Chi Military Sorority, Incorporated, requirement is that those interested in membership in the Sorority will support our policy against hazing, harassment and/or humiliation of any kind. I,

_____, (**Name of Candidate**) acknowledge that I have read, understand and will abide by the policy Psi Rho Chi Military Sorority, Incorporated; which forbids hazing. The candidate a further agree to indemnify and/or hold harmless Psi Rho Chi Military Sorority, Incorporated, its affiliates, regions, chapters, and their respective agents, officers, and employees for any and all acts of hazing in which the candidate participates and which result in harm to the candidate or anyone else from this day forward in perpetuity.

Signature of Candidate**

Date**

PRIVACY STATEMENT

It is the policy of the Sorority that initiation activities for membership in the Sorority are designed for the sole purpose of creating harmony and sisterhood among the persons so involved and instructing them in the principles of the Sorority found in its Constitution, history and traditions. You also agree to adhere to our Privacy (Nondisclosure) Policy, and agree to not disclose, during the term of your candidacy, affiliation or membership and any time thereafter, any confidential information belonging to Psi Rho Chi Military Sorority, Incorporated. This includes but is not limited to any and all confidential information regarding members, candidates, affiliates, applicants, Pledge Process tasks, official initiations ceremonies & all confidential business affairs of Psi Rho Chi Military Sorority, Incorporated. You further agree that all correspondence, be it membership applications, account information, files or other materials concerning this Sorority shall belong to and remain the exclusive property of Psi Rho Chi Military Sorority, Incorporated. No part of Psi Rho Chi Military Sorority, Incorporated Intake Process or Sorority publications may be reproduced in any form without the expressed permission of Psi Rho Chi Military Sorority, Incorporated. Redistribution of Sorority publication is prohibited without expressed written permission. If breached, you understand that Psi Rho Chi Military Sorority, Incorporated may seek legal retribution.

Signature of Candidate**

Date**

AGREEMENT TO ARBITRATION

I, _____ (**Name of Candidate**) affirm that I understand and agree that any grievances and all disputes regarding membership intake should generally be referred to the Membership Director for investigation and resolution. I understand and agree that all grievances and disputes of a prospective member that cannot be resolved within Psi Rho Chi Military Sorority, Incorporated: will be referred to arbitration including claims for personal injury, claims for damages to property, or disputes of any nature that cannot be resolved within Psi Rho Chi Military Sorority, Incorporated, including those arising from the membership intake process. Any grievances and disputes regarding membership intake should be promptly referred to the Membership Director for investigation and resolution. The prospective member specifically agrees to follow all of the rules, regulations, and guidelines relating to the intake process. The prospective member further agrees to promptly report in writing to the Membership Director any infractions and violations of the rules, regulations, and guidelines relating to the intake process. The prospective member acknowledges that Psi Rho Chi Military Sorority, Incorporated, is an international organization with entities located throughout the United States of America and abroad. The prospective member recognizes by making this application for membership she agrees to the foregoing matters. The prospective member understands that this agreement has an effect on interstate commerce and is subject to the Federal Arbitration Act. The prospective candidate, her heirs and assigns, and Psi Rho Chi Military Sorority, Incorporated, its officers, employees, agents, affiliates, chapters and members, agree that any and all disputes, conflicts, claims, and/or causes of action of any kind whatsoever, including but not limited to: contract claims, personal injury claims, bodily injury claims, injury to character claims, and property damage claims arising out of or relating in any manner whatsoever to membership of Psi Rho Chi Military Sorority, Incorporated, or to the membership intake process shall be subject to and resolved by compulsory and binding arbitration under the Federal Arbitration Act, 9 U.S.C. Section 1, et seq., and the commercial rules of the American Arbitration Association. I voluntarily sign this agreement to arbitrate after having a change to review its provisions.

Signature of Candidate**

Date**

EVIDENCE OF COMMUNITY INVOLVEMENT (ECI) FORM

INSTRUCTIONS:

Please record information below regarding your involvement in community activities or programs that have occurred within the last two (2) years. All applicants must submit at least one (1) but cannot exceed three (3) ECI forms to be considered for membership in PSI RHO CHI Military Sorority, Incorporated. Additional documentation should not be submitted and subsequently will not be reviewed. This form should be completed in its entirety and any information documented without signatures will not be accepted. If still involved in program, write "current" for End Date. The supervisor of the program must fill out and sign the bottom of the page.

Title of Community Service Activity or Program

Start Date (Mo/Yr.)

End Date (Mo/Yr.)

Location of Community Service Activity or Program

Approximate hours completed

Goal of Community Service Activity/Program: _____

Population Served (check all that apply):

Youth _____ Adults _____ Seniors _____ Veterans _____ Other (Please Specify)

Please describe your specific involvement:

How did the program positively impact the population served? _____

Did you meet the goal of the activity/program? Please explain. _____

How did your involvement in the program affect you? _____

By signing this form, I verify that all of the information I have provided is true and correct. I understand that at any time, PSI RHO CHI Sorority, Incorporated, can rescind any rights or privileges to an applicant based on the submission of false information or documents.

Printed Name and Signature of Candidate _____

Date: _____

Supervisor of Program must complete the following in its entirety and sign:

Name of Supervisor (Please Print): _____ Signature of Supervisor: _____

Supervisor's Title: _____ Date: _____

Email Address: _____

Work Phone: _____

EMERGENCY MEDICAL INFORMATION FORM

In case of a medical emergency the following key information would be of great value to attending medical personnel in helping to diagnose and treat a medical problem. Kindly complete this **CONFIDENTIAL** form which will be kept in your personnel file to be used **only** in the case of a medical emergency. It is extremely important that all questions be answered to assure prompt and appropriate medical treatment during a medical emergency. **NOTE: Medical information will not be used to disqualify you from being considered to participate in the intake process.**

Name: _____

Home Address: _____

Home Telephone: _____

IN CASE OF A MEDICAL EMERGENCY WHO SHOULD BE NOTIFIED?

Name _____ Address _____

City _____ State _____ Zip _____ Home Tel: _____

Business Tel: _____

DO YOU HAVE ANY KNOWN ALLERGIES? Yes _____ No _____

If yes, please list the things you are allergic to including any medication:

DO YOU HAVE ANY CHRONIC AILMENTS? Yes _____ No _____

If yes, please describe: _____

DO YOU HAVE ANY DIETARY RESTRICTIONS? Yes _____ No _____

LIST OF REQUIRE MEDICATIONS: _____

I give Psi Rho Chi Military Sorority, Incorporated the right, in the case of a medical emergency, to provide the above information to attending medical personnel.

Signature: _____ **Date:** _____

FOR NATIONAL USE ONLY

Date Rcvd: ____/____/____ Interview: ____/____/____ Ref Chk: ____/____/____

App Status: ___ Approved ___ Denied ___ Pending Verification

Agreement to Arbitration: Yes ___ No ___ Anti-Hazing: Yes ___ No ___ Privacy: Yes ___ No ___

Reply Mailed: ____/____/____ Applicable Mem#: _____ Fees Rcvd: ____/____/____

Had applicant attempted to apply to PRX before: Y / N if yes, year

Verified: _____ Approved By: _____