



**Center for Student Involvement
Fraternity & Sorority Life**
California State University, Los Angeles
5154 State University Drive | U-SU Room 204
Los Angeles, CA 90032

323-343-5110 Office 323-343-5278 Fax

NOTICE OF MEMBERSHIP INTAKE

The officers and members of _____ are proud to announce the intake of new members for the Fall Spring (circle one) semester of _____.

Informational Meeting(s) will be held on	
Interest Meeting(s) will be held on	
Selection will conclude on	
Education of aspirants/Intake process begins on	
Aspirants will be initiated on	
New Members will be presented on	

The person in charge of intake for the Chapter will be:

The chapter advisor supervising Intake for the Chapter:

Name
Title in Chapter
Phone Number

Name
Title in Chapter
Phone Number

The above information is accurate and correct to the best of my knowledge.

President's Name (printed)

President's Signature

President's Phone #

Chapter Advisor Name (printed)

Chapter Advisor Signature

Chapter Advisor Phone #



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Fraternity and Sorority Hazing Compliance Form

We certify that all activities sponsored or required by our national fraternity/sorority of members or aspirants comply with the California State University, Los Angeles Hazing Policy, and with the California State Law.

We have informed the candidate/aspirant member(s) of our fraternity/sorority of the contents of the Cal State LA Hazing Policy. This policy will be read to aspirants at the beginning of each semester's intake process.

We understand that failure to uphold the Cal State LA Hazing Policy will result in referral to the Center for Student Involvement for an organizational violation of the Cal State LA Hazing Policy (i.e. the fraternity/sorority will face charges), and/or referral to the Center for Student Involvement for an individual violation of the Cal State LA Hazing Policy (i.e. the individuals within the fraternity/sorority who haze will face charges).

We understand that participation in any hazing activity or knowledge of it and taking no action to stop the hazing is in effect giving our approval to haze. We understand our responsibility to not allow members of our organization, whether grad status or affiliated at another institution of higher education, to haze our aspirants. Failure to report any such activity of which you become aware may cause personal referral to the Center for Student Involvement.

Our signatures below certify that we have read, understand, and agree to abide by the Cal State LA Hazing Policy.

Fraternity/Sorority Name

Individual Chapter Name

Printed Name of the Chapter President

Printed Name of the Intake Chair

Signature of the Chapter President

Signature of the Intake Chair

___ / ___ / ___
Date

___ / ___ / ___
Date