

The logo consists of the Greek letters Alpha, Sigma, and Phi in a stylized, white, serif font, centered on a red background.

ALPHA SIGMA PHI FRATERNITY

alphasigmaphi.org

## ALUMNUS INITIATION INSTRUCTIONS

### INSTRUCTIONS

Use the steps below as the correct process for initiating a non-initiated male who is not an undergraduate. Examples of candidates for alumnus initiation are: Male Parent/Relatives, Campus professors, coaches, advisors and employees.; male acquaintances of the chapter who have been instrumental in the chapter's development, community leaders, etc..

1. A candidate is chosen for initiation.
2. The candidate is voted on by the chapter for inclusion into the chapter's ranks, just as any other new member would.
3. Once accepted by the chapter for initiation, the candidate/chapter completes the Alumni Biographical Data form (pages 2 and 3 of this form) and submits it to Alpha Sigma Phi Headquarters. The candidate is not added to the undergraduate initiation class roster in Portal.
4. The chapter assigns a roster number to the alumnus initiate.
5. The candidate attends the next initiation ceremony and experiences initiation. The alumnus is not required to go through the Pledge Ceremony or Alpha Phase education. There are no participation requirements prior to initiation.
6. Once initiated, the alumnus enters our ranks as an alumnus. He will receive a badge and shingle and be afforded all the rights and privileges of a full brother.

*If you have questions, please reach out to the Director of Alumni Engagement at Alpha Sigma Phi Headquarters.*





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## ALUMNUS BIOGRAPHICAL FORM

You should complete this form at least two weeks prior to your initiation into Alpha Sigma Phi.

Roster Number \_\_\_\_\_

Initiation Ceremony Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_

FIRST

MIDDLE

LAST

University \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Name \_\_\_\_\_

### MEMBERSHIP AGREEMENT

- I, the undersigned, acknowledge that I have affiliated for the purpose of being initiated into Alpha Sigma Phi Fraternity.
- I am familiar with, understand, and acknowledge that Alpha Sigma Phi Fraternity has adopted certain risk management polices. I understand that each member and each new member of Alpha Sigma Phi Fraternity, including me, is obligated to comply with these risk management polices as outlined in the Alpha Sigma Phi Risk Management Polices document, as well as the laws of the land, and the laws, rules, and regulations of the institution where the chapter is located. I understand and acknowledge that these Policies include alcohol polices, and compliance with state and local laws concerning the use or provision of alcoholic beverages and illegal substances, and I acknowledge that these Policies forbid any form of hazing.
- I understand and acknowledge that Alpha Sigma Phi Fraternity is a New York non-profit corporation with its offices in Carmel, Indiana. I understand and acknowledge that Alpha Sigma Phi Fraternity does not control, supervise, or operate the chapter located at the college or university at which I am enrolled as a student, or any other chapter of the Alpha Sigma Phi Fraternity.



- I understand and acknowledge that I am not an agent of and that I am not an appointed representative of Alpha Sigma Phi Fraternity, and that I have no authority to enter into any agreement for or in any way legally bind Alpha Sigma Phi Fraternity. I also understand and acknowledge that my chapter is a self-governing, financially self-sufficient association of collegiate students. I understand and acknowledge that my chapter is not an agent of and that my chapter is not an appointed representative of Alpha Sigma Phi Fraternity, and that my chapter has no authority to enter into any agreement for or in any way legally bind Alpha Sigma Phi Fraternity.
- I understand that Alpha Sigma Phi Fraternity is primarily an educational and service organization, and that it does not control or supervise the day-to-day activities of my chapter or any collegiate student associated with my chapter.

I HEREBY RELEASE AND DISCHARGE ALPHA SIGMA PHI FRATERNITY FROM ANY AND ALL CLAIMS, WHETHER PRESENT OR IN THE FUTURE, INCLUDING ANY PERSONAL INJURY CLAIMS, THAT MAY IN ANY WAY ARISE OUT OF MY ASSOCIATION WITH IT OR MY CHAPTER.

In signing this document, I have read and agree to adhere to the purpose of Alpha Sigma Phi Fraternity and agree to the Membership Affiliation guidelines with the understanding that to not adhere to these principles could cause my immediate expulsion from the Fraternity. I have read, understand, and agree to pay the membership fee, outlined below, by the expected due date.

**Initiation Fee:** \$300 Must be paid at least two weeks prior to initiation date. Failure to submit initiation fees by the deadline will result in the chapter being assessed a late fee. The late fee is \$75.00 (or 25% of the initiation fee).

I understand that the Fraternity uses a collection agency to collect delinquent balances. Should it become necessary to refer my account to a collection agency, I will also be responsible for the collection fees, which are typically an additional 35% of the balance.

**METHOD OF PAYMENT**

Check (be sure to write your name and Chapter on your check. Be sure to keep your returned check).

Credit Card MC // Visa // Discover #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

