

# Fall 2020 Greek Chapter Re-Registration Membership

Cornell Chapter Name: \*

Additional instructions for the previous question. (Example: Psi Chapter)

Organization: \*

Address:

Council: \*

Number of Active Members: \*

Number of Away/Abroad Members: \*

Number of New Members: \*

Total Number of Members: \*

Capacity of your Chapter house:

Number of Members living in house:

Important Information about the next question. Chapter President Information

Name of president: \*

  

Address \*

Phone Number \*

Email Address \*

Important Information about the next question. Advisor Information

Contact Name: \*

Phone Number \*

Email Address \*

## Finances (\*Per Semester\*)

Each chapter is responsible for determining dues, as well as one-time new member and initiation fees. If the chapter has a housing facility, there are costs associated for housing and dining for members who live-in and/or members who live-out.

Initiation Fee - \* (Maximum authorized answers: 2)

Additional instructions for the previous question. Please indicate costs for Live-in members and/or Live-out members

Chapter Dues: \* (Maximum authorized answers: 2)

Additional instructions for the previous question. Please indicate costs for Live-in members and/or Live-out members

Other Fees:

Room fee: \*

Additional instructions for the previous question. Please indicate costs for Live-in members and/or Live-out members

Board Fee: \*

Additional instructions for the previous question. Please indicate costs for Live-in members and/or Live-out members

Which: \*

Payment Plans: \*

**\*All residential sororities and fraternities must have a full-time live-in advisor by Fall 2021.\***

Important Information about the next question. House Director/Live in Advisor

Name:

Email:

Phone:

When does your chapter hold officer elections? \*

If in a facility, where is your house located?

- North Campus
- West Campus

I will submit my chapter officers to the roster by Sept. 1 \*

I will appoint a health officer liaison for our sorority or fraternity. \*

I will denote the residents of our house (if we have one) on the roster by Sept. 1 \*

My chapter has created a COVID-19 plan in terms of both our residence and also our behavior and operations. \*



I understand I must submit my organization's accurate certificate of insurance prior to the deadline or my sorority or fraternity may lose recognition. \*



I understand there are training's throughout the semester officers of my sorority or fraternity must attend. \*



As an officer of my sorority or fraternity, by submitting this response I acknowledge and agree that I have carefully read the fall 2020 Sorority and Fraternity Life Event and Meeting Expectations and Social Moratorium, as the representative of my organization, and that my organization will comply with the Requirements. \*



I further recognize that the Requirements may be altered, updated, and/or added and it is my responsibility to convey regulation updates to the members of my sorority or fraternity. It is my responsibility as the representative of the sorority or fraternity to ensure the organization complies with the Requirements. \*

