

REPLACES 9A, 9B AND 12;
PREVIOUS EDITIONS
ARE OBSOLETE
REVISED 03/2008

Founders: Frank Coleman, Oscar J. Cooper, Ernest E. Just, Edgar A. Love (Deceased)

OMEGA PSI PHI FRATERNITY, INC.

**INTERNATIONAL HEADQUARTERS
3951 Snapfinger Parkway, Decatur, Georgia 30035**

APPLICATION FOR MEMBERSHIP



1. Read all instructions and questions before you start. Press F1 for help. Click boxes to check them.
2. Please TYPE answers to all questions in GRAY SECTIONS. Use THE TAB KEY to move between fields.
3. After you have completed this application, check to make sure you have answered all questions.
4. Be sure to sign/notarize your completed application in ALL AREAS THAT REQUEST IT.
5. Date format is mm/dd/yyyy (type slashes). Staple when completed

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

Approved or Disapproved

Applicant's Full Name

First

Middle

Last

Suffix

Control/Membership No.

Date of Birth

DOD

Street Address

City

State

Zip Code

Telephone ()

Chapter

DOI

**APPLICATION FOR ADMISSION TO MEMBERSHIP
OMEGA PSI PHI FRATERNITY, INC.**

PLEASE TYPE

PART I. PERSONAL INFORMATION:

Applicant's Full name _____
(First) (Middle) (Last) (Suffix)

Permanent Home Address _____

City _____ State _____ Zip _____

Residence Telephone _____ School or Office Telephone _____

Present Address (must be filled out) _____

City _____ State _____ Zip _____

Date of Birth (MM/DD/YYYY) _____ Marital Status _____ Number of Children _____

If yes, List dates you Applied

Have you ever applied to: A. Omega Psi Phi? Yes No _____

B. Other Fraternity? Yes No _____

Are you currently employed? _____ If yes, Occupation; (use Codes on last page) _____ Undergraduate students enter 00
 Part -Time Full -Time Place of Employment: _____

Father's Full Name _____ Is he living? _____

Father's Occupation (use Code# on last page) _____

Mother's Full Name _____ Is she living? _____

Mother's Occupation (use Code# on last page) _____

Number of Brothers _____ Ages _____ Number of sisters _____ ages _____

Number of dependents (Spouse/Children) _____ ages _____

Number of brothers/sisters in college _____

Name other members of your family who belong to a fraternity or sorority. Specify their relationship to you and list organizations to which they belong.

Name	Relationship	Organization
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PART II. ACADEMIC INFORMATION

Academic classification: FR SO JR SR Post-Baccalaureate Grad. Student Other

Other Specify _____

Grade point average in undergraduate college? _____ (on a 4.0 system)

UNDERGRADUATE COLLEGES ATTENDED

(List in chronological order all undergraduate colleges you have attended or are currently attending. Include summer sessions.)

Institution/Location	Dates of Attendance	Major (See codes last page)	Degree and Date Conferred or expected (Month and Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRADUATE/PROFESSIONAL SCHOOLS ATTENDED

(List in chronological order all Graduate colleges you have attended or are currently attending. Include summer sessions.)

Institution/Location	Dates of Attendance	Major (See codes last page)	Degree and Date Conferred or expected (Month and Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Official transcript(s) bearing the university seal must be sent directly to the **chair of the Membership Selection Process [MSP] Team**. Undergraduates must also have a certification form sent attesting to enrollment as a full-time student.

PART III. BIOGRAPHICAL INFORMATION

1. How did you first learn about Omega Psi Phi Fraternity? Be as specific as you can be.

2. Describe jobs or positions of responsibility that you have held. If you have had experience in community service, what contributions have you made? Include dates and leadership positions held.

3. Give names and complete addresses of **3** individuals who have written reference letters for you.

Name	Address

4. Extra-curricular activities: Describe and comment on hobbies, recreational activities and other uses of your time. Name significant positions you held in college.

5. In 200-250 words, state your purpose for applying at this time. Indicate how you perceive the fraternity can assist you in achieving your career goals. In the process, please provide details on your background and motivations. Your response may not exceed and must be typed in the space provided below. (You will be prompted if you exceed 250 words when you hit tab to exit the field.)

6. Write a 500 word essay about a famous Omega Man. Your response may not exceed and must be typed in the space provided below. (You will be prompted if you exceed 500 words when you hit tab to exit the field.)

PART IV A. CERTIFICATION

Name (Print) _____

Address _____

I understand that withholding information requested on this form or knowingly giving false information may make me ineligible for admission to Omega Psi Phi Fraternity, Inc. or subject to dismissal, if determined after I become a member. I certify that the statements I have made on this application are correct and complete to the best of my knowledge, information and belief.

AS A CONDITION OF MY PARTICIPATION IN THE OMEGA PSI PHI FRATERNITY, INC.'S MEMBERSHIP INTAKE, I DO HEREBY ENTER IN THE FOLLOWING STIPULATIONS, COVENANTS AND AGREEMENTS:

I certify that I am aware of the fact that Omega Psi Phi Fraternity, Inc. expressly prohibits and vehemently opposes the use of physical or mental harassment/hazing in any of its activities. I understand that hazing includes but is not limited to physical violence such as paddling, slapping, pushing of my body by of any object, device or hand; strenuous exercise, forced inducement or the causing of me to consume any food, liquid or other substance, pouring, sprinkling or covering of my body with any substance; threatening or causing me to be placed in fear of receiving any physical injury such as the activities listed above and generally any act or acts which would tend to cause any person any humiliation, embarrassment or physical harm. I agree that I shall never permit any acts of hazing, whether they be physical or mental, to be used against me before, during or after The Membership Intake Program. I further agree to report any acts of hazing or attempted hazing promptly to the Regional Intake Team in writing with a copy to the District Representative. I understand that no punitive action will be taken against me for rendering said report. Further, I understand that failure to render said report shall serve as sufficient cause for my dismissal from the intake program or from the Fraternity if admitted. Additionally, I have been informed that I am entitled to receive a listing of the fees associated with admission to membership in the Fraternity and a copy of the roster which lists the financial members of the Chapter. I understand that only the members of the Regional members of the Regional Intake Team are permitted to be involved with me and my activities as a prospective for membership.

I understand that the Omega Psi Phi Fraternity, Inc is a non-profit corporation, having its domicile and principal place of business in Washington, District of Columbia. I hereby stipulate and agree that any and all lawsuits other than claims that I may have arising out of my participation in the Omega Psi Phi Fraternity, Inc. Membership Intake Program shall be governed by the laws of the District of Columbia and that such lawsuits and claims shall be brought, filed sued upon solely within the jurisdiction of the courts of the District of Columbia.

I certify that I have read this document thoroughly and understand same; that I agree to and do bind myself to all of the terms and conditions contained herein. Accordingly, I do hereby release the Omega Psi Phi Fraternity, Inc. and do hold same harmless, as well as its insurers, employees, agents, successors and assigns from any and all liabilities for damages incurred by me as a result of my participation in its Membership Intake Program. I further bind my legal representatives, heirs, successors and assigns to the terms and conditions of this agreement.

I agree that, should any part of this agreement be found to be illegal for any reason, the illegal part or parts shall be severed herefrom and the remaining agreements and stipulations shall be given full force and effort as if those severed did not exist.

I certify that I am at least eighteen years of age, or that I am the parent or legal guardian of the applicant herein and do exercise this document on his behalf. Further, I certify that I enter into these stipulations and agreements knowingly, freely and without duress or coercion of any kind.

Witness my hand and seal this _____ day of _____, 20____, city/state _____

Applicant Name (Print)

Notary Public's Signature

Signature: Applicant/Parent/Legal Guardian

Commission expires (Date)

Seal

OMEGA PSI PHI FRATERNITY, INC.
ACKNOWLEDGMENT AND INDEMNIFICATION AGREEMENT

Name of Applicant (Please Print) _____

Street Address _____

City/State/Zip Code _____

Chapter Name _____ Chapter Location _____

I certify that I am aware that the Omega Psi Phi Fraternity, Inc. expressly prohibits and vehemently opposes the use of any form of physical or mental harassment/hazing in any of its activities. I understand that hazing includes, but is not limited to: physical violence such as paddling and/or slapping; pushing of another's body by use of any object, device or hand; forced or induced exercise; forced inducement or the causing of another to consume any food, liquid or other substance; pouring, sprinkling or covering of another's body with any substance; threatening or causing another to be placed in fear of receiving any physical injury, such as the activities listed above; and generally, any act or acts which would cause any person any humiliation, embarrassment or physical harm.

I agree that I shall not participate in any acts of hazing or attempted hazing and shall promptly report, in writing, any such conduct directly to the District Representative, or to the Membership Selection/Lampados Club Chairman with a copy to the District Representative. I understand that engaging in such conduct and/or the failure to report such conduct shall serve as sufficient cause to be removed as a member of the Membership Selection Program/Lampados Club. I further agree that my participation in any acts of hazing or attempted hazing shall, to the extent permitted by law, serve as a waiver of my right to bring a claim for damages against the Fraternity.

I understand that the Omega Psi Phi Fraternity, Inc. is a non-profit corporation, incorporated in the District of Columbia, and having its domicile and principal place of business in Decatur, Georgia.

I understand that the only agents of the Fraternity are the Supreme Council and/or the Grand Conclave, who may, from time to time, employ persons or firms to act on behalf of the Fraternity. I understand that, as a potential member of the Omega Psi Phi Fraternity, Inc., I am not an agent of the organization. Further, I understand that I have no authority whatsoever to enter into any agreements, whether oral or written, that would obligate the Omega Psi Phi Fraternity, Inc. in any way.

I certify that I have read this document thoroughly and understand same, and further, that I agree to and do bind myself to all of the terms and conditions contained herein. Accordingly, to the extent permitted by law, I do hereby agree to release and forever discharge the Omega Psi Phi Fraternity, Inc. for any claim, action, cause of action, loss, damage or expenses arising or to arise, and caused by or resulting from my participation in any activity unauthorized by the Omega Psi Phi Fraternity, Inc. including, but not limited to, those activities outlined above, which subject the Fraternity, its assets, officers, agents, and/or officials to judgments for losses, damages, fees, costs and/or expenses. I further bind my legal representatives, heirs, successors and assigns to the terms and conditions of this agreement.

I swear or affirm that I shall abide by the Omega Psi Phi Fraternity, Inc. Code of Conduct, and its rules, regulations, decorum, and oaths, which may be changed and/or amended, from time to time.

I agree that, should any part of this agreement be found to be illegal for any reason, the illegal part or parts shall be severed herefrom and the remaining agreements and stipulations shall be given full force and effect, as if those severed did not exist. I understand that this agreement replaces and supercedes any prior indemnification agreements between the undersigned and the Omega Psi Phi Fraternity, Inc.

(This Space Intentionally Left Blank)

Friendship is Essential to the Soul

I certify that I am at least eighteen (18) years of age, or that I am the parent or legal guardian of the undersigned and do execute this document on his behalf. Further, I certify that I enter into these stipulations and agreements knowingly, freely and without duress or coercion of any kind. I further certify that my date of birth is ____.

WITNESS my hand this _____ day of _____, 20____, city/state _____

Signature: Applicant

Signature: Parent/Legal Guardian (if applicant is under 18 years of age)

Parent's address (if applicant is under 18 years of age): _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

NOTARY PUBLIC, State of _____ at Large

SEAL

My Commission Expires:

OMEGA PSI PHI FRATERNITY, INC.
FURTHER AUTHORIZATION FOR BACKGROUND CHECK

I understand that in evaluating my application for potential membership and thereafter to evaluate my continued suitability or fitness for membership, OMEGA PSI PHI FRATERNITY, INC. may from time to time procure or have prepared an employment, education, criminal history, motor vehicle, military and/or investigative report about me. I consent to and hereby authorize OMEGA PSI PHI FRATERNITY, INC. to obtain these reports, and by copy of this authorization, I have been notified that the above stated reports may be requested.

I also authorize OMEGA PSI PHI FRATERNITY, INC. to procure records or other information about my background, character, general reputation, driving record, military service, and/or employment performance in connection with my application for membership and from time to time thereafter in connection with my membership. I authorize all persons, schools, employers, companies, corporations, law enforcement agencies and other government agencies to release documents or other information to OMEGA PSI PHI FRATERNITY, INC. and to any company hired by it. This authorization includes matters of opinion relating to character, ability, reputation and past performance.

If I am offered membership prior to the completion of any of the reports, I realize that my continued participation is contingent upon favorable results of such reports. If unfavorable information is developed, I realize my membership participation is subject to termination.

Name _____

DOB _____ SSN: _____

Current Address _____

Driver's License No.: _____ State: _____

Signature _____

List all previous address for last five years:

1. _____

Street: _____

City, State, Zip: _____

2. _____

Street: _____

City, State, Zip: _____

OMEGA PSI PHI FRATERNITY, INC.
FURTHER AUTHORIZATION FOR BACKGROUND CHECK (CONT'D)

3.

Street: _____

City, State, Zip: _____

4.

Street: _____

City, State, Zip: _____

5.

Street: _____

City, State, Zip: _____

If you are under the age of 21, your parent/guardian must sign this form.

(Candidate's Signature)

Date:

(Print Witness or Notary's Name)

(Witness or Notary's Signature)

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

AUTHORITY FOR RELEASE OF INFORMATION – PART II

Name	SOCIAL SECURITY #	FOR OFFICE USE ONLY
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YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If yes please provide:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of Discharge (Month and Year)	Type of Discharge:		
Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes", list any disciplinary proceeding in the last 15 years and all courts-martial.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date (Month/Year)	Charge or Specification	Place (City and county/country if Outside the United States)	

YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 15 years? If "Yes" begin with the most recent occurrence and go backwards, providing date fired, quit, or left, and other information requested.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Use the following codes to explain the reason your employment was ended:			
1- Fired from Job	3 – Left a job by agreement following allegations of misconduct	5 – Left a job for other reasons under unfavorable circumstances	
2 – Quit a job after being told you'd be fired	4 – Left a job by mutual agreement following allegations of unsatisfactory performance		
Date (Month/Year)	Code	Employer's Name and Address	State
			Zip Code

YOUR POLICE RECORD

If you answer "Yes" to a,b,c,d, or e below, explain your answer(s) in the space provided. Do not include anything that happened before your 16 th birthday					
a. Have you ever been arrested, charged, or convicted of a felony offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
b. Have you ever been arrested, charged or convicted of a firearms or explosives charge?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
c. Are there currently any charges pending against you for any criminal offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
d. Have you ever been arrested, charged, or convicted of any offenses related to alcohol or drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
e. Have you ever been arrested, charged, or convicted of any other type of offense? Leave out traffic fines of less than \$100	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Date (Month/Year)	Offense	Action Taken	Law Enforcement Authority or Court (City and County/Country if outside the U.S.)	State	Zip Code

YOUR INVOLVEMENT WITH ALCOHOL AND DANGEROUS DRUGS INCLUDING MARIJUANA AND COCAINE

This item concerns the use of alcoholic beverages, and the supplying or using, without a prescription, of marijuana, cocaine, hashish narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.,) hallucinogenics (LSD, PCP, or other dangerous or illegal drugs.					
a. Do you now use, or within the last 5 years have you used alcoholic beverages habitually to excess?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
b. Do you now use or supply, or within the last 5 years have you used or supplied, marijuana, cocaine, narcotics, hallucinogenic or other dangerous or illegal drugs?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
c. If you answered "Yes" to questions a or b above, provide information below relating to the types of substance(s) used, the periods of frequency of use for dangerous or illegal drugs.					
From (Month/Year)	To (Month/Year)	Type of Substance Used	Explanation (in your comments be sure to give the frequency of your use during each period you listed, including the period of most recent use)		

CODE SHEET

College Major Codes

00 No Major/Undecided	22 Civil Engineering	43 History	64. Natural Sciences	83 Pre-Dentistry
01 Accounting	23 Classics	44 Health Education	65. Neuroscience	84 Psychobiology
02 Administration Supervision	24 Communications	45 Home Economics	66. Nursing	85 Psychology
03 Aerospace Engineering	25 Computer Science/ Data Processing	46 Honors Program	67. Nutrition	86 Public Health
04 Agriculture Agronomy	26 Corrections/Criminal Justice	47 Hospital Administration	68. Occupational Therapy	87 Radiology]
05 Anatomy	27 Dentistry	48 Hotel/Motel Management	69. Oceanography	88 Recreation
06 Anthropology	28 Design	49 Humanities	70. Optometry	89 Religion/Theology
07 Architecture	29 Drama	50 Interdisciplinary Studies	71. Osteopathy	90 Science-General
08 Art	30 Economics/Finance	51 Journalism	72. Pathology	91 Social Work
09 Astronomy	31 Education-Elementary/Secondary	52 Law	73. Personnel	92 Sociology
10 Biochemistry	32 Education – Higher	53 Liberal Arts	74. Pharmacology	93 Speech/Audiology
11 Biology	33 Engineering (Not Civil)	54 Library Science	75. Pharmacy	94 Statistics
12 Biomedical Engineering	34 English	55 Linguistics/Literature	76. Philosophy	95 Theatre Arts
13 Biomedical Science	35 Environmental Studies	56 Marketing	77. Physical Therapy	96 Urban Studies
14 Biophysics	36 Film	57 Mathematics	78. Physics	97 Veterinary Medicine
15 Black Studies/Ethnic Studies	37 Food and Nutrition/Dietetics	58 Medicine	79. Physiology	98 Zoology
16 Botany	38 Foreign Language(s)	59 Medical Technology	80. Political Science	
17 Broadcasting	39 Genetics	60 Meteorology	81. Pre-Medicine	
18 Business Commerce	40 Geography	61 Microbiology (or Bacteriology)		
19 Business Administration	41 Geology	62 Military Science		
20 Chemistry	42 Guidance Counseling	63 Music		
21 Cinema				

OCCUPATIONAL CODES

00 Full Time-Undergraduate Student	21 Computer Personnel	42 Homemaker/Housewife	64 Painter/Paperhanger/Plasterer	80 Sales Person/Broker
01 Account/Bookkeeper	22 Cook/Baker	43 Housekeeper/Domestic Worker	65 Pharmacist	81 Secretary/Stenographer
02 Adjuster/Appraiser	23 Counselor/Personnel Worker	44 Inspector	66 Photographer/Photographic Industry	82 Service Technician
03 Administrator	24 Custodian/Sanitation Worker	45 Ironworker	67 Physician	83 Scientist (Natural /Physical)
04 Agriculture Industry Worker	25 Dentist	46 Jeweler/Jewelry Industry	68 Plumber/Pipefitter	84 Scientist (Social /Political)
05 Aircraft/Airline/Missile/ Spacecraft Industry	26 Designer	47 Judge/Magistrate	69 Podiatrist	85 Social Worker
06 Clothing Industry	27 Dietitian	48 Laboratory Worker	70 Postal Service Employee	86 Speech Pathologist and Audiologist
07 Architect	28 Driver (Truck/Bus/Cab)	49 Laborer	71 Printing/Publishing Industry Personnel	87 Surveyor
08 Attendant/Aide/Assistant	29 Economist/Financier	50 Laundry and Dry Cleaning Industry/Personnel	72 Psychologist	88 Tailor/Seamstress
09 Attorney	30 Engineer	51 Law Enforcement Officer	73 Public Relations Personnel	89 Teacher/Educator- Professor/Instructor
10 Automobile Sales and Service	31 Electrician	52 Librarian	74 Radio/Television/Motion Picture Industry	90 Technician/Technologist
11 Barber	32 Entertainer/Artist/Musician	53 Locksmith	75 Receptionist	91 Therapist
12 Bartender	33 Exterminator	54 Machinist	76 Recreation/Leisure Worker	92 Underwriter
13 Bricklayer/Stonemason/Cement Mason	34 Firefighter	55 Manager	77 Repairman	93 Urban P lanner
14 Businessman/Entrepreneur	35 Florist/Floral Worker	56 Mathematician/Statistician	78 Reservation/Ticket/Passenger/Travel Agent	94 Upholsterer
15 Butcher/Meat Cutter/ Meat Packer	36 Food Service Worker	57 Mechanic	79 Retired	95 Veterinarian
16 Buyer/Purchasing Agent	37 Funeral Director/Mortician/ Embalmer	58 Miner		96 Waiter/Waitress
17 Carpenter	38 Glazier	59 Military Personnel		97 Welder/Sheet Metal Worker
18 Cashier/Teller	39 Government Employee	60 Minister/Clergyman		98 Writer/Author/Reporter/Journalist
19 Chiropractor	40 Health Care Worker	61 Nurse		99 Other/Not Listed Above
20 Clerk/Clerical Worker	41 Historian	62 Operator		
		63 Optometrist		

Omega Psi Phi Fraternity, Inc.
3951 Snapfinger Parkway
Decatur, Georgia 30035

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OMEGA PSI PHI FRATERNITY, INC.

Member Code of Conduct & Disciplinary Policy

I certify that I have read this document thoroughly and understand same, that I agree and do bind myself to all of the terms and conditions therein.

Name of Applicant or Member _____

Social Security Number _____ DOB _____

Street Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

Chapter Name _____ District _____

I certify that I am at least twenty-one (21) years of age or that I am the parent or legal guardian of the undersigned and do exercise this document on his behalf. Further, I certify that I enter into these stipulations and agreements knowingly, freely and without duress or coercion of any kind and I too have read Omega Psi Phi Fraternity, Inc. Member Code of Conduct & Disciplinary Policy.

Signature Parent/Legal Guardian if member is under 21 years of age.

Omega Psi Phi Fraternity, Inc.

District

RELEASE AND WAIVER

I hereby grant to Omega Psi Phi Fraternity, Inc. an exclusive right to use the described photographs or videotaped likeness of me in whatever manner it deems appropriate, whether for identification or other purposes while I am participating in an intake process of Omega Psi Phi Fraternity, Inc. and at any time subsequent thereto. I acknowledge that the pictures may be duplicated and distributed by Omega Psi Phi Fraternity, Inc. in any and all manner and media throughout the world in perpetuity.

I warrant and represent that I will indemnify and hold Omega Psi Phi Fraternity, Inc., its officers, agents and assigns harmless from and against any and all claims, damages, liabilities, cost and expenses arising out of a breach of the foregoing warranty.

Dated this _____ **day of** _____ , _____

(Attach photos here)

Name: _____

Signature: _____

Driver's Lic. No. _____

Address: _____

This form should be sent to the International Headquarters as a part of the candidate's application with two passport sized pictures attached

**OMEGA PSI PHI FRATERNITY, INC.
RECOMMENDATION FOR MEMBERSHIP**

TO THE APPLICANT: Complete this portion of the form. Then give the form to one of the individuals who will write a recommendation for you. Provide a stamped self-addressed envelope to that individual. The Chairman of the Regional Membership Intake Team will provide the address to which the recommendation is to be sent when completed.

NAME OF APPLICANT

SOCIAL SECURITY NUMBER

TO THE RECOMMENDER: Please answer the following questions concerning the above named applicant.

How long have you known the applicant? (years/months)

Under what circumstances have you known the applicant?

Give specific examples of occasions where the applicant displayed leadership ability. Provide some detail.

Based on your personal knowledge and involvement with the applicant, provide specific examples of his service to the community/ and or University.

Provide any other information that you feel will provide additional insight into the following aspects of the applicant's character: integrity, maturity and responsibility.

(continue on back of page, if necessary)

Recommender's Name (TYPE OR PRINT)

Title/Position

Signature _____ Date _____

Address _____

Tel. # _____

Control/Membership#: _____ Exp Date: _____

**OMEGA PSI PHI FRATERNITY, INC.
RECOMMENDATION FOR MEMBERSHIP**

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Recommender's Name (TYPE OR PRINT)

Title/Position

Signature _____ Date _____

Address _____

Tel. # _____

Control/Membership#: _____ Exp Date: _____

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(continue on back of page, if necessary)

Recommender's Name (TYPE OR PRINT) _____ Title/Position _____

Signature _____ Date _____

Address _____

Tel. # _____

Control/Membership#: _____ Exp Date: _____

Friendship is Essential to the Soul

**OMEGA PSI PHI FRATERNITY, INC
MEMBERSHIP SELECTION PROCESS
POLYGRAPH WAIVER**

Name of Applicant or Member (Print) _____

Social Security Number _____

Street Address _____

City/State/Zip Code _____

Chapter Name _____

District _____

I, _____ certify that I am at least 21 years of age or that I am the parent or legal guardian of the applicant herein and do execute this document on his behalf. I certify that I enter into this waiver knowingly, freely, and without duress or coercion of any kind.

I certify that I have thoroughly read and understand the Fraternity's policy on Hazing. I am aware of the fact that Omega Psi Phi Fraternity Inc. expressly prohibits and vehemently opposes the use of physical or mental harassment/hazing in any of its activities.

I hereby agree, for purposes of investigating acts of harassment/hazing, to submit to a lie detector test administered at the request of the District Representative. I understand that the cost of this examination is to be borne by the Fraternity when so requested.

I further agree that as a condition of my participation in the Omega Psi Phi Fraternity, Inc.'s Membership Selection Process as a member or prospective candidate, I do hereby enter into this waiver and stipulation.

WITNESS my hand and seal this _____ day of _____, 20 _____

(City/State) _____

Prospective Candidate's or Member's signature

Parent or Legal Guardian if prospective candidate under 21 years old.

Notary

Commission Expires (Date)

To be answered by parent or guardian (Check one)

DOES YOUR CHILD HAVE OR EVER HAD:

- 1. Sickle Cell Anemia? NO YES
2. Food medication allergy? NO YES
3. Epilepsy, seizures, fainting spells? NO YES
4. Heat Stroke or heat exhaustion? NO YES
5. Diabetes mellitus (sugar)? NO YES
6. Hemophilia (bleeding disorder)? NO YES
7. Bone or joint problem? NO YES
8. Heart Problem? NO YES
9. Hearing or vision problems? NO YES
10. Eye glasses, contact lenses? NO YES
11. Dentures or hearing aid? NO YES
12. Losses of function of a body part? NO YES
13. Require a special diet? NO YES
14. Special psychiatric needs? NO YES
15. High blood pressure, hypertension? NO YES

If the answer to any of the above questions is "yes", explain fully below. Give details as to when the event occurred, your child's current status, and any special needs that he now has.

Blank lines for explaining 'yes' answers.

Medications:

Table with columns: NAME, EXACT DOSAGE, SPECIFIC TIME GIVEN. Rows 1-3.

Allergies, List: _____

Tetanus Booster, Date: _____

PARTICIPATION RELEASE (If applicant is under 21 years old)

I hereby give my permission for _____ to participate in the Omega Psi Phi Fraternity, Inc. activities and events. I also grant to the Omega Psi Fraternity, Inc. permission to record my child/ward's likeness and/or voice for use by television, films, radio or printed media to further the aims of the Omega Psi Phi Fraternity, Inc. in related campaigns, magazines articles, booklets, posters, and in other ways it sees fit. I hereby release Omega Psi Fraternity, Inc., its insurer, agents, heirs, successors and assigns from any and all liabilities and claims in connections herewith.

CONSENT TO TREATMENT/EVIDENCE OF INSURANCE

In the event that my child should for any reason require any minor or surgical treatment and/or medication during the course of his attendance at or participation in the Omega Psi Phi Fraternity, Inc. activities, I authorize such physician or emergency care staff that Omega Psi Phi Fraternity, Inc. may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of any hospital, and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well being of my child. It is understood, however, that if hospitalization or treatment of a more serious nature is required I will be contacted, if at all possible, by telephone for permission.

I, the undersigned, am a parent or legal guardian of the above specified child. I have read and fully understand the provisions of the above releases and have explained them to said minor. I further declare that all of the statements that I have made herein, are true to the best of my knowledge, information and belief. I hereby agree on behalf of myself and my child to hold harmless and release the Omega Psi Phi Fraternity, Inc., the attending physician(s), hospital, their insurers, agents, heirs, successors and assigns from any and all liabilities and claims arising out of any treatment rendered to my child.

Parent or Legal Guardian Signature _____

DATE: _____

OMEGA PSI PHI FRATERNITY, INC
TRANSCRIPT

Please attach an official copy of transcript.

OMEGA PSI PHI FRATERNITY, INC
PROCESSING FEE WAIVER

BY the Releaser(s) _____ referred to as I ,

TO: The Omega Psi Phi Fraternity, Inc., the _____ District of the Omega Psi Phi Fraternity, Inc., and ___ Chapter, an unincorporated association of the Omega Psi Phi Fraternity, Inc., their officers, members, agents, employees and/or assigns, referred to as You .

If more than one person signs this Release, I shall mean each person who signs this Release.

1. **Release.** I release and give up any and all claims and rights which I may have against you pertaining to my right to recover the portion of sums designated as a processing fee which was remitted by me to You. This releases all claims, including those of which I am not aware and those not mentioned in this Release, which pertain to my right to recover said processing fee.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that I have attended an “Information Session”, which I understand to be a segment of the Membership Selection Program of the Omega Psi Phi Fraternity, Inc., sponsored by and through the District of the Omega Psi Phi Fraternity, Inc., and that I have remitted the sum of **\$1,050.00 (G)** or **\$845.00 (UG)** as required by my attendance at the Information Session.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that remittance of the aforementioned sum is not a promise, guarantee, or made in consideration of membership into the Omega Psi Phi Fraternity, Inc., the _____ District of the Omega Psi Phi Fraternity, Inc., and or ___ Chapter of the Omega Psi Phi Fraternity, Inc. I fully understand that my admission to membership into the Fraternity shall be governed by the rules promulgated within the Membership Selection Program Handbook.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that I shall be entitled to a refund of all other sums remitted by me at the “Information Session” except for the processing fee of **\$105.00 (G)** or **\$84.50 (UG)**

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED that the remittance of **\$945.00 (G)** or **\$760.50 (UG)**, which is the remainder of the monies submitted by me after the deduction of the processing fee, by “You” is in full accord and satisfaction, and in compromise of all disputed claims and I understand that I am not entitled to recover any further sums from You .

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED that remittance of the sum of **\$945.00 (G)** or **\$760.50 (UG)**, shall be made in accordance with the rules set forth by the Membership Selection Handbook of the Omega Psi Phi Fraternity, Inc. or as designated by the Grand Basileus of the Omega Psi Phi Fraternity, Inc., or his designee.

2. **Who is Bound.** I am bound by this Release. Anyone who succeeds to my rights and responsibilities, such as my heirs or the executor of my estate, is also bound. This Release is made for your benefit and all who succeed to our rights and responsibilities, such as your heirs or the executor of your estate.
3. **Governing Law.** This agreement shall be deemed a contract entered into pursuant to the laws of the District of Columbia and shall in all respects be governed, construed, applied and enforced in accordance with the laws of the District of Columbia.
4. **Signatures.** I understand and agree to the terms of this Release.

Witnessed or Attested By:

(Seal)

Candidate)