

**PSI RHO PHI Military Fraternity, 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 Phi Military Fraternity, 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 Phi Military Fraternity, 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: \_\_\_\_\_ PSI RHO PHI \_\_\_\_\_ 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 \_\_\_\_\_ ROTC Cadet \_\_\_\_\_  
 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 PRP MEMBER(S)**

NAME	CATEGORY	PHONE	EMAIL

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

**ANTI-HAZING POLICY**

Psi Rho Phi Military Fraternity, 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 Phi Military Fraternity, 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 Phi Military Fraternity, Incorporated, requirement is that those interested in membership in the Fraternity 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 Phi Military Fraternity, Incorporated; which forbids hazing. The candidate a further agree to indemnify and/or hold harmless Psi Rho Phi Military Fraternity, 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 Fraternity that initiation activities for membership in the fraternity are designed for the sole purpose of creating harmony and brotherhood among the persons so involved and instructing them in the principles of the Fraternity 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 Phi Military Fraternity, Inc. 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 Phi Military Fraternity, Inc. You further agree that all correspondence, be it membership applications, account information, files or other materials concerning this fraternity shall belong to and remain the exclusive property of Psi Rho Phi Military Fraternity, Inc. No part of Psi Rho Phi Military Fraternity, Inc. Wing Expansion Process or fraternity publications may be reproduced in any form without the expressed permission of Psi Rho Phi Military Fraternity, Inc. Redistribution of Fraternity publication is prohibited without expressed written permission. If breached, you understand that Psi Rho Phi Military Fraternity, Inc. 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 Coordinator for investigation and resolution. I understand and agree that all grievances and disputes of a prospective member that cannot be resolved within Psi Rho Phi Military Fraternity, 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 Phi Military Fraternity, Incorporated, including those arising from the membership intake process. Any grievances and disputes regarding membership intake should be promptly referred to the Membership Coordinator 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 Coordinator any infractions and violations of the rules, regulations, and guidelines relating to the intake process. The prospective member acknowledges that Psi Rho Phi Military Fraternity, 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 he 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, his heirs and assigns, and Psi Rho Phi Military Fraternity, 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 Phi Military Fraternity, 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\*\***

**AFFIRMATION STATEMENT**

1. Have you been a member of a non-collegiate military fraternity? Yes \_\_\_ No \_\_\_

2. Have you been a member of a fraternity which belongs to the National Pan-Hellenic Council or National PanHellenic Conference? Yes \_\_\_ No \_\_\_

If you answered Yes to No. 1 or 2, please name the Fraternity/fraternities and your initiation date(s).

\_\_\_\_\_  
Name of Fraternity

\_\_\_\_\_  
Initiation Date

\_\_\_\_\_  
Name of Fraternity

\_\_\_\_\_  
Initiation Date

3. Have you previously applied for membership into or pledged another Military fraternity? Yes \_\_\_ No \_\_\_

If you answered **Yes**, please name the Fraternity/Fraternities and explain why you did not continue to pursue membership or discontinued the process with that Fraternity/Fraternities

\_\_\_\_\_  
Name of Fraternity/Date of Application

\_\_\_\_\_  
Name of Fraternity/Date of Application

Explanation: \_\_\_\_\_

4. Have you read and do you understand Psi Rho Phi Military Fraternity’s Inc. Anti-Hazing Policy? Yes \_\_\_ No \_\_\_

5. Have you ever participated in or been accused of hazing as it relates to Psi Rho Phi Military Fraternity’s Inc. Anti-Hazing Policy? Yes \_\_\_ No \_\_\_ If you answered **Yes**, please explain:

\_\_\_\_\_

6. Have you ever participated in or been accused of hazing as it relates to any organizations? Yes \_\_\_ No \_\_\_ If you answered **Yes**, please explain: \_\_\_\_\_

7. List the URL of any websites that depict you in a personal or professional manner. (i.e. Facebook, Twitter, Instagram) Write “n one” if this does not apply to you. \_\_\_\_\_

8. Have you ever been convicted of either of the following under the name on this application or under any other name?  
Felony (any crime punishable by more than one year in prison) Yes \_\_\_ No \_\_\_

Misdemeanor (Less serious offenses that typically result in such punishments as a heavy fine and/or a jail sentence not exceeding a year) Yes \_\_\_ No \_\_\_

I certify that all of the above information is true and accurate. I authorize the verification of the information provided on this form as to my military service, employment, community involvement and my overall character and dependability, as it pertains to my application for membership. If my application is approved, I shall conform to the membership practices of the organization. I understand that any fees paid to National Headquarters are non-refundable. I understand that falsifying or withholding information on this application is prohibited and such actions shall deem my application rejected and I may be permanently banned from membership in Psi Rho Phi Military Fraternity, Incorporated.

\_\_\_\_\_  
**Printed Name and 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 PHI Military Fraternity, 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? \_\_\_\_\_

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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 Phi Military Fraternity, Inc 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 PRP before: Y / N if yes, year

Verified: \_\_\_\_\_    Approved By: \_\_\_\_\_

