

HONORARY NOMINATION PACKET

Your packet is not complete unless it includes the following documents:

- Γ Complete Honorary Nomination Application
- Γ Complete character reference sheet (Please DO NOT exceed 250 words)
- Γ Signature on Non-hazing & Privacy Policy
- Γ One clear Photograph (civilian or military service related)
- Γ Proof of Military Service (**CLEAR** photo copies OR .pdf scans)

ACCEPTED MILITARY SERVICE DOCUMENTS FOR CANDIDATES

- o DD214/NGB22/DD215/DD256 (SSN/Benefits Number are blacked out prior to submission)
OR
- o Military Discharge Certificate
OR
- o Current Veterans Group Membership Card (VFW or American Legion ONLY)
OR
- o Current Drivers License with Veteran Designation
OR
- o VA card

ACCEPTED MILITARY SERVICE DOCUMENTS FOR POSTHUMOUS CANDIDATES

- o DD214/NGB22 (SSN/Benefits Number are blacked out prior to submission)
OR
- o Military Discharge Certificate
OR
- o Official Military Personnel File (OMPF) from U.S. National Archives

ACCEPTED MILITARY SERVICE DOCUMENTS FOR CANDIDATES AFFECTED BY THE NATIONAL ARCHIVES FIRE OF 1973

- o copy of paystub via U.S. National Archives
OR
- o copy of Military Award(s) / Decoration(s)
OR
- o copy of Military Orders (SSN is blacked out)

SUBMIT \$25 DONATION WITH COMPLETE NOMINATION PACKET
\$200.00 MEMBERSHIP FEE IS DUE WITHIN 30 DAYS
OF HONORARY MEMBERSHIP APPROVAL
ALL TRANSACTIONS ARE MADE VIA PAYPAL AND
MUST SAY "HONORARY COMMITTEE PAYMENT" IN THE NOTE SECTION

Please contact our Honorary Membership Coordinator at
media@sigmaalphagamma.org

Or

honorary@sigmaalphagamma.org

with any questions regarding Honorary Membership.

Copies of paper work submitted (DD214 copies, etc.) will not be returned.

HONORARY MEMBERSHIP PROCESS

Γ Applicant will submit honorary membership packet with **ALL** required documents and \$25 donation within advertised board widow dates.

Γ Applicant will receive receipt of packet confirmation from committee within 7 business days.

Γ Honorary Committee will conduct phone interview or engage in online correspondence with applicant (if applicable).

Γ Applicant will be notified if honorary membership has been granted or denied within 30 days. (Denied packets will be retained for one year for continuous review).

Γ Applicant **MUST** submit non-refundable \$200 Honorary Membership Fee within 30 days upon notification of granted honorary status or risk revocation of accepted status.

Γ After receipt of membership fee, applicant will be contacted by committee within 14 business days to schedule honorary membership presentation (to be conducted within one calendar year).

Γ Honorary member (or applicant) will be presented with honorary jacket, certificate, and fraternity pin during official presentation.

WELCOME TO OUR BROTHERHOOD

FOR OFFICE USE ONLY

Date nomination packet was submitted: //

ΣΑΓ MILITARY FRATERNITY, INC.

HONORARY APPLICATION				
Full Name:		Date of Birth: / /		
Primary E-mail Address:		Primary Phone Number: ()		
Alternate E-mail Address:		Alternate Phone Number ()		
Mailing Address:				
City, State & Zip Code:		Height:	Shirt Size:	Hoodie Size:
			Jacket Size:	Jersey Size:
MILITARY HISTORY				
<i>(Supporting military documents must correlate with the information provided below)</i>				
Military Branch:		Time in Service: yrs.: months:		
Current Status: Active	Reserve/Guard	Veteran	Retired	Other
If other please explain:				
If Veteran/Retiree discharge type:				
Do you currently have any military disciplinary actions pending against you? No Yes				
CIVILIAN EMPLOYMENT				
Current Employer:				
Current Position/Title:		Length Employed: years: months:		
ADDITIONAL				
Has the candidate ever been a member in a Greek or service related organization? No Yes				
Name if Organization:				
Member Name:				
Member Chapter:				
POSTHUMOUS CANDIDATE REFERENCE				
If you're nominating a candidate that is currently deceased we would like contact a living relative with information regarding future organizational events around their local area (via phone or email). Please provide a point of contact different from the applicant.				
Reference #1 - Name:		Relationship:		
Email:	-	Phone:		
Is reference a military service member? No Yes				

Reference #2 - Name:

Length known:

CANDIDATE CHARACTER REFERENCE

As our honorary committee continues to identify candidates we may contact you to complete a brief phone interview – no more than 15 mins. We will only inquire about traits that are relevant to honorary membership. Please detail why you feel candidate should be granted honorary membership.

CANDIDATE NAME:

CANDIDATE DOB: / /

Applicant Full Name:

Relationship to candidate:

Mailing Address:

Phone Number: () - E-mail:

250 WORDS OR LESS CHARACTER REFERENCE:

250 WORDS OR LESS CHARACTER REFERENCE CONT:

Signature: _____

Date: _____

Note: You may scan & e-mail this form to: honorary@sigmaalphagamma.org

NON-HAZING POLICY & PRIVACY

Hazing includes but is not limited to the following activities:

- Requiring calisthenics such as sit-ups, push-ups, runs or any form of physically abusive exercise
- Forcing or requiring consumption of alcoholic beverages or any drug
- Requiring the ingestion of any undesirable or unwanted substance (i.e. spoiled food, insects, raw eggs, etc.)
- Partial or total nudity at any time
- Paddle swats
- Pushing, shoving, or intimidating candidates
- Assigning "pranks" such as stealing, painting objects, party raids and harassing another organization
- Calling associates by degrading names.
- Activities which allow candidates less than six continuous hours of sleep
- Required road trips or kidnapping of candidates
- Yelling, screaming or use of obscenities at candidates
- Burning, branding or tattooing any part of the body, whether voluntarily or involuntarily
- Activities which call for confinement, jumping from heights and other potentially dangerous activities
- Activities which encourage failure to comply with the laws of local, state or federal government

Applicants completing the nomination process agree to NOT participate & report any and all acts of hazing to the Membership Coordinator **"IMMEDIATELY"**. Any candidates or member who participates or facilitates any act of hazing will be suspended from Sigma Alpha Gamma Military Fraternity, Inc.

By signing this form you understand & agree to:

- Immediately report all acts of hazing to your local police & Membership Coordinator.
- Not participate or facilitate any form of hazing while joining or to maintain membership in Sigma Alpha Gamma Military Fraternity, Inc.
- Read our entire hazing policy and act in accordance with our rules and regulations.

You also agree to adhere to our **Privacy (Nondisclosure) Policy**, not disclose, during the term of your candidacy, affiliation or membership and any time thereafter, any confidential information belonging to Sigma Alpha Gamma Military Fraternity, Inc. This includes but is not limited to any and all confidential information regarding members, candidates, affiliates, applicants, Intake Process tasks, official initiations ceremonies & all confidential business affairs of Sigma Alpha Gamma Military Fraternity, Inc.

By signing & submitting your application for membership you are attesting to the following information: All the information provided is accurate & true. You agree with the mission & objectives of Sigma Alpha Gamma Military Fraternity, Inc. & have read the fraternity non-hazing policy and agree to comply with its guidelines & reporting procedures. You understand that the submission of your application & donation does not guarantee membership & agree to abide by our Privacy Policy and Bylaws.

Applicant Name (Please Print): _____

Applicant Signature: _____ **Date:** _____

National Use Only

Γ	Date Recv: / /	Γ	Ref Cont:: / /	Γ	Status: App/Den/Pend
Γ	Reply mailed: / /	Γ	Member #:	Γ	Membership Fee Recv: / /