

Delta Phi Chi Military Sorority, Inc.

2018 Application Checklist

- COMPLETED APPLICATION (5 Pages)
- PHOTO ID-Front & Back (Ensure PII is concealed)
- DD 214-Discharged Applicants (Ensure PII is concealed)
- Military Orders assigning you to your current duty station-Active Duty Applicants (Ensure PII is concealed)
- Personal Letter of Interest (1 page minimum)
- Professional Reference Letter
- Supervisor/Community Leader Reference Letter

Email completed application to: applications@deltaphichimilitarysorority.org

Application questions may be submitted to: inquiry@deltaphichimilitarysorority.org

Fax completed application to: **Attn: Membership Coordinator 1-706-534-5801**

NOTE: Please allow 2-3 weeks for processing of applications.



Delta Phi Chi Military Sorority, Inc.

P.O. Box 962346

El Paso, TX. 79936

www.deltaphichimilitarysorority.org

Phone: (706).901.RISE

Fax: (706).534.5801

2018 Membership Application

INSTRUCTIONS: ALL APPLICATION FORMS MUST BE TYPED OR PRINTED LEGIBLY AND SIGNED. IF INFORMATION REQUESTED DOES NOT APPLY TO YOU, PLEASE INDICATE WITH 'N/A.' ATTACH ADDITIONAL SHEETS IF NECESSARY. PROVIDING FALSE OR MISLEADING INFORMATION ON ANY PORTION OF THE APPLICATION FOR MEMBERSHIP IN DELTA PHI CHI MILITARY SORORITY, INCORPORATED IS GROUNDS FOR EXCLUSION FROM MEMBERSHIP IN THE SORORITY.

Section 1: General Information

Name:

Address: City:

State: Zip Code:

Cell Phone: () - Email:

Section 2: Private Information

Place of Birth: Date of Birth:
City & State *(mm/dd/yyyy)*

Ethnicity (optional):

- Black or African American White American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander Middle Eastern
 Other (please list): _____

Marital Status: Single Married Divorced

If married, Spouse's Name: Phone:

Emergency POC Name: Phone:

Employed: Yes No Employer Name:

Section 3: Military Affiliation

Branch of Service: Army Airforce Navy Marine Corps Coast Guard
 Active Duty National Guard Reserves

Type of Discharge: Honorable Dishonorable Other than honorable

Membership into Delta Phi Chi Military Sorority is **ONLY** extended to women currently serving in the United States Armed Forces or whom have served honorably in the past.

Section 4: Organizational Affiliation (Professional/ Social / Service oriented or Masonic)

Have you ever applied for membership into or been rejected by another Military Sorority?

Yes No

If yes, name of Sorority:

A letter of disaffiliation is required with application if you previously held membership in a Military Sorority

OTHER ORGANIZATIONS:

1.
2.
3.
4.

Have you held leadership roles in any of these organizations? *If Yes, explain (e.g. position/ term/ duties):*

Section 5: Reference Information

Were you referred by a member of our organization? If so, give name, crossing year and chapter of member.

Please List 3 references (must not be family members):

1. PERSONAL:

Name	Phone	Relationship
<input type="text"/>		

2. PROFESSIONAL:

Name	Phone	Relationship
<input type="text"/>		

3. SUPERVISOR/COMMUNITY LEADER:

Name	Phone	Relationship
<input type="text"/>		

I hereby make application for membership in the Delta Phi Chi Military Sorority, Inc. and confirm that all of the information in this application is accurate to my knowledge. I also understand that any falsification of the above information can result in the denial of this application. If initiated, I will abide by its Constitution and By-Laws, support its ideals, comply with its standards of conduct and pay the established annual dues.

Signature of Applicant

Date

Delta Phi Chi Military Sorority, Incorporated

POLICY AGAINST HAZING

Delta Phi Chi Military Sorority, Incorporated (the "Sorority") has designed a process for the selection, intake and education of women who aspire to be members in the Sorority. The goal of the process is to inform new members of the history, policies and procedures important to membership in the Sorority. Potential members of the Sorority have the right to participate in the process in environments that are not intentionally harmful.

Individuals who engage in hazing activities risk sanctions by the Sorority and criminal sanctions. Hazing in any form of fashion is contrary to the beliefs and ideals of Delta Phi Chi and as such fully prohibits hazing.

Delta Phi Chi Military Sorority defines hazing as any action or activity that:

- Brings about physical, mental, emotional or psychological harm to the potential member.
- Is vulgar, abusive, physically exhausting or dangerous.
- Challenges an individual's moral and religious practices and beliefs
- Forces an individual to break local, state and/or federal laws

Members of the Sorority who become aware of hazing activities have a responsibility to report the activity to the Grand President, Membership Coordinator and/or Chapter President as applicable for further investigation. An individual who believes that she has been hazed has the same right and responsibility to report the activity as described to the Grand President, Membership Coordinator and/or Chapter President as applicable.

By signing my signature below, I certify that I have read, fully understand and agree to abide by this Policy against Hazing.

PRINTED NAME

DATE

SIGNATURE

Delta Phi Chi Military Sorority, Incorporated

Arbitration Agreement

NOTICE: BY SIGNING THIS AGREEMENT TO HAVE ANY CLAIM OF HAZING DECIDED BY A PANEL OF THREE ARBITRATORS, YOU ARE WAIVING YOUR RIGHT TO A TRIAL BY JUDGE OR JURY.

I, _____, understand that Delta Phi Chi Military Sorority, Inc. has already agreed to arbitrate any claim or dispute, which may arise in the future out of, or in connection with, the induction process for Delta Phi Chi Military Sorority, Inc.

I further understand that I can choose trial by judge or jury or arbitration to resolve such a claim or dispute. I freely choose arbitration, which I understand is a procedure by which a panel of three people, mutually chosen by the parties to the dispute, decide the facts and the law of the case rather than a judge or jury.

In consideration of this agreement by Delta Phi Chi Military Sorority, Inc., to arbitrate all such claims, I agree to arbitrate, under the provision of this document, any such claims that may arise in the future.

I further understand that I shall pay my share of the expenses of arbitration up to half of the total expenses incurred.

I further understand that this agreement to arbitrate is binding on me, my agents, representatives, heirs and assigns, and on Delta Phi Chi Military Sorority, Inc., its employees, agents and representatives.

I certify that I have read this agreement or have had it read to me, that I fully understand its contents, and execute this agreement of my own free will.

PRINTED NAME

DATE

SIGNATURE