



Lambda Kappa Omega Sorority, Incorporated® Membership Application

I understand that falsification of any information on this application or attachments will eliminate me from being considered for membership into Lambda Kappa Omega Sorority, Incorporated. By signing this form, I verify that all the information I have provided is true and correct. I understand that at any time, Lambda Kappa Omega Sorority, Incorporated can rescind any rights or privileges to an applicant based on the submission of false information or documents.

_____		_____	
Signature of Candidate		Date (Must sign and date)	
_____		_____	
Chapter of Interest		Name of College or University Attend	
_____		_____	
_____	_____	_____	
First Name	Middle	Last Name	
_____		_____	
Permanent Address		City and State	Zip Code
_____		_____	
Home Phone (include area code)		Cell Phone (include area code)	
_____		_____	
School Classification: (Check One): <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> N/A			
School: _____			
Degree(s) Previously Earned (if applicable): Type _____ Date: _____			
_____		_____	_____
Emergency Contact		Relationship	Phone

1. Have you been a member of a sorority which belongs to the National Pan-Hellenic Council or National Panhellenic Conference? Yes____ No ____

If you answered please name the Sorority/Sororities and your initiation date(s).

_____	_____
Name of Sorority	Initiation Date

AFFIRMATION STATEMENT ASSESSMENT CHAPTER INFORMATION

2. Have you read and do you understand Lambda Kappa Omega Sorority's Anti-Hazing Policy?
Yes No

3. Have you ever participated in or been accused of hazing as it relates to Lambda Kappa Omega Sorority, Incorporated Hazing Policy? Yes No

If you answered yes, please explain:

4. Have you ever participated in or been accused of hazing as it relates to any organization?
Yes No

If you answered yes, please explain:

As part of the membership application process, Lambda Kappa Omega Sorority, Incorporated will conduct a Child abuse check on you. Such a process requires your permission for Lambda Kappa Omega Sorority, Incorporated to obtain and hold your clearance on file. You will be responsible for the cost associated with obtaining your check.

I _____, hereby authorize Lambda Kappa Omega Sorority, Incorporated to conduct Child Abuse Check

Name (Please Print Clearly) _____ and to investigate my qualifications as they relate to my becoming a member in the organization for which I am applying. I also understand that I may withhold my permission. In such a case, no investigation will be done and my application for membership may not be processed further.

Signature of Candidate**

Date**

AFFIRMATION STATEMENT (CONTINUED)

Lambda Kappa Omega Sorority, 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 Lambda Kappa Omega Sorority, Incorporated; being subjected to any form of verbal, physical or mental harassment, intimidation or disgrace;

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Web Address: <http://www.2577LKO.Com>

"underground hazing," "financial hazing," "pre-pledging" or "post-initiation pledging." Lambda Kappa Omega Sorority, Incorporated requirement is that those interested in membership in the Sorority will support our policy against hazing, harassment and/or humiliation of any kind.

I, _____, acknowledge that I have read, understand and will abide by the policy of Lambda Kappa Omega Sorority, Incorporated which forbids hazing. The candidate and parent(s) or guardian(s) for candidates under the age of twenty-one (21) further agree to indemnify and/or hold harmless Lambda Kappa Omega Sorority, 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 of Birth Date

Name of Parent or Legal Guardian (Please Print)

Signature of Parent or Legal Guardian

*If you are under 21 and married, the signature of parent or guardian is not applicable.
If you are married check YES.

I, _____ affirm that I understand and agree that any grievances and all disputes regarding membership intake should generally be referred to the President for investigation and resolution. I understand and agree that all grievances and disputes of a prospective member that cannot be resolved within Lambda Kappa Omega Sorority, 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 Lambda Kappa Omega Sorority, Incorporated, including those arising from the membership intake process. Any grievances and disputes regarding membership intake should be promptly referred to the President for investigation and resolution. The prospective member specifically agrees to follow all the rules, regulations, and guidelines relating to the intake process. The prospective member further agrees to promptly report in writing to the President any infractions and violations of the rules, regulations, and guidelines relating to the intake process. The prospective member acknowledges that Lambda Kappa Omega Sorority, Incorporated is a local organization with entities located throughout the United States of America. The prospective member recognizes by making this application for membership she agrees to the foregoing matters. The prospective member understands that this agreement influences interstate commerce and is subject to the Federal Arbitration Act. The prospective candidate, her heirs and assigns, and Lambda Kappa Omega Sorority, Incorporated, its

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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 Lambda Kappa Omega Sorority, 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

ANTI-HAZING POLICY
AGREEMENT TO ARBITRATION

INSTRUCTIONS: Please record information below regarding your involvement in community/campus 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) ECCI forms to be considered for membership in Lambda Kappa Omega Sorority, 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.

Community Service Activity or Program Start Date (Mo/Yr) End Date (Mo/Yr)

Location of Community Service Activity/Program Approximate hours completed

Goal of Community Service Activity/Program:

Population Served (check all that apply):

Youth ___ Adults ___ Seniors ___ College Students ___ Other (Please Specify) _____

Please describe your specific involvement:

How did the program positively impact the population served?

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Signature of Candidate

Date

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