

UW-Whitewater

**Sorority Membership Agreement
And
Continuous Open Bidding Acceptance Binding Agreement**

**THIS FORM IS COMPLETED BY EVERY WOMEN CHOOSING TO
ACCEPT THE OFFER TO JOIN A PANHELLENIC ORGANIZTION**

Name _____

Campus Address _____

Campus Phone _____

Student ID number _____

By My Signing below,

- 1. I understand that regardless of the outcome, I am unable to attempt and/or join any other Panhellenic Organization for the period of one year from the date below.**
- 2. I accept the offer to affiliate/join** _____
Sorority. Chapter name _____

I allow the staff of Leadership Development to monitor my academic progress while on campus and share that information with my governing organizations and chapter.

Signature _____

Witness _____

Witness _____

Date _____

**THIS FORM MUST BE RETURNED TO LEADERSHIP
DEVELOPMENT WITHIN 3 DAYS OF THE DATE ABOVE.**