

ULSU FRATERNITY/SORORITY APPLICATION FOR RATIFICATION

Official Fraternity/Sorority Title: _____ Date: _____


Contact Name: _____ Email: _____ Club Website: _____

Brief description of your Fraternity/Sorority (this is for the ULSU website and the annual ULSU Year in Review):

Fraternity/Sorority Executive (All Executive members must be full-time U of L students)

NAME	POSITION	PHONE	EMAIL	I.D. NUMBER

Fraternity/Sorority Membership (Please provide a complete list - minimum 15)

NAME	PHONE or EMAIL	I.D. NUMBER	
1			Remember to submit your Up-To-Date Fraternity/Sorority Outline of Procedure, Fraternity/Sorority Agreement Form, & \$20 Non-Refundable Ratification Fee along with this form.  THE UNIVERSITY OF LETHBRIDGE STUDENTS' UNION, 4401 UNIVERSITY DR, RM SU180, LETHBRIDGE AB, T1K 3M4 PH: 403-329-2222, FAX: 403-329-2224 WWW.ULSU.CA
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We the aforementioned fraternity/sorority ensure that all of the above information is current and accurate. We agree to comply with the Constitution, Bylaws, and Policies of the Students' Union and specifically the Fraternities and Sororities Bylaws. We further agree to have two representatives from our fraternity/sorority hold a seat on Greek Council and will attend all meetings.

Signature of fraternity/sorority President (or equivalent): _____



SANCTIONED FRATERNITY/SORORITY AGREEMENT FORM

THE UNIVERSITY OF LETHBRIDGE STUDENTS' UNION, RM SU180, 4401 UNIVERSITY DR, RM SU180,
LETHBRIDGE AB, T1K 3M4, PH: 403-329-2222, FAX: 403-329-2224 – WWW.ULSU.CA

The _____ fraternity/sorority undertakes that in order to become and remain a ratified fraternity/sorority by the ULSU, the fraternity/sorority shall:

1. Operate the fraternity/sorority in such a manner that it will not contravene the Constitution, Bylaws, or Polices of the ULSU, and the rules that govern the University of Lethbridge.
2. Be bound by the individual Right Protection Act, and by the Canadian Charter of Rights and Freedoms.
3. Be bound by any rulings of the General Assembly of the ULSU.
4. Be responsible for the maintenance and security of the fraternity/sorority space such as offices and other rooms they may have booked, including keys assigned by the ULSU.

The _____ fraternity/sorority also understands and acknowledges that:

1. Any abuse of space and/or other benefits extended by the ULSU to the fraternity/sorority shall be the responsibility of the fraternity/sorority and the fraternities/sororities members alone.
2. At the discretion of the ULSU, any duly authorized member of the General Assembly and/or duly authorized employee of the ULSU has the right to immediately suspend those privileges as a result of the abuse of space and/or other benefits extended by the ULSU.
3. The fraternity/sorority will obtain insurance at its' own expense for any off-campus events (if applicable) and show due diligence for the safety of fraternity/sorority members and participants as required by the ULSU.

We acknowledge that we have read the Constitution, Fraternities and Sororities Bylaws, and Fraternities and Sororities Policy of the ULSU and agree to all terms and conditions imposed by these documents and the above. The following signatures are duly authorized by the fraternity/sorority.

Signature (in ink)

Signature (in ink)

Name (please print)

Name (please print)

President (or equivalent)

Any Second Executive Position

Date

Date



FRATERNITY/SORORITY OUTLINE OF PROCEDURES

THE UNIVERSITY OF LETHBRIDGE STUDENTS' UNION, RM SU180, 4401 UNIVERSITY DR, RM SU180,
LETHBRIDGE AB, T1K 3M4, PH: 403-329-2222, FAX: 403-329-2224 – WWW.ULSU.CA

(Please circle one) **Fraternity** *yes* **Sorority** *yes*

**Name of
Fraternity/Sorority:**

Vision and Mission:

Definition of Membership:

(Include rights & obligations)

Accountability Clause:

Executive Positions:

(Title & Responsibilities)

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2.

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5.

Election Procedure:

**Procedure for Amendments
to This document:**



