

Founders: Frank Coleman, Oscar J. Cooper, Ernest E. Just, Edgar A. Love (Deceased)

# OMEGA PSI PHI FRATERNITY, INC.

INTERNATIONAL HEADQUARTERS  
3951 Snapfinger Parkway, Decatur, Georgia 30035

## APPLICATION FOR MEMBERSHIP



1. Read all instructions and questions before you start. Press F1 for help. Click boxes to check them.
2. Please TYPE answers to all questions in GRAY SECTIONS. Use THE TAB KEY to move between fields.
3. After you have completed this application, check to make sure you have answered all questions.
4. Be sure to sign/notarize your completed application in ALL AREAS THAT REQUEST IT.
5. Date format is mm/dd/yyyy (type slashes). Staple when completed

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

Approved or Disapproved

Applicant's Full Name

First

Middle

Last

Suffix

Control/Membership No.

Date of Birth

DOD

Street Address

City

State

Zip / Post

Telephone ( )

Chapter

DOI

*Ωφελημα Ψυχι Φιλια*  
*Friendship is Essential to the Soul*

**APPLICATION FOR ADMISSION TO MEMBERSHIP  
OMEGA PSI PHI FRATERNITY, INC.  
PLEASE TYPE**

**PART I. PERSONAL INFORMATION:**

Applicant's Full name \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Post \_\_\_\_\_

Residence Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Present Address (must be filled out) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Post \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_

Email Address: \_\_\_\_\_ If yes, List dates you Applied

Have you ever applied to: A. Omega Psi Phi?  Yes  No \_\_\_\_\_

B. Other Fraternity?  Yes  No \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, Occupation \_\_\_\_\_ Undergraduate students enter 00

Part -Time  Full -Time Place of Employment: \_\_\_\_\_

Name other members of your family who belong to Omega Psi Phi Fraternity Inc.. Specify their relationship to you.

Name	Relationship

\_\_\_\_\_  
**Sponsor's Name (Print)**

\_\_\_\_\_  
**Sponsor's Control #**

\_\_\_\_\_  
**Sponsor's Signature**

\_\_\_\_\_  
**Sponsor's Name (Print)**

\_\_\_\_\_  
**Sponsor's Control #**

\_\_\_\_\_  
**Sponsor's Signature**

**PART II. ACADEMIC INFORMATION**

Academic classification:  FR  SO  JR  SR  Post-Baccalaureate  Grad. Student  Other

Other Specify \_\_\_\_\_

Grade point average in undergraduate college? \_\_\_\_\_ (on a 4.0 system)

**UNDERGRADUATE/GRADUATE/PROFESSIONAL SCHOOLS ATTENDED**

(List in chronological order all undergraduate colleges you have attended.)

Institution/Location	Dates of Attendance	Major	Degree and Date Conferred or expected (Month and Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Official transcript(s) bearing the university seal must be sent directly to the **District Representative**. Undergraduates must also have a certification form sent attesting to enrollment as a full-time student.

**PART II. BIOGRAPHICAL INFORMATION**

1. How did you first learn about Omega Psi Phi Fraternity? Be as specific as you can be.

2. Describe jobs or positions of responsibility that you have held. If you have had experience in community service, what contributions have you made? Include dates and leadership positions held.

3. Give names and complete addresses of **3** individuals who have written reference letters for you.

Name	Address
_____	_____
_____	_____
_____	_____

4. Extra-curricular activities: Describe and comment on hobbies, recreational activities and other uses of your time. Name significant positions you held in college.

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5. In 200-250 words, state your purpose for applying at this time. Indicate how you perceived the fraternity can assist you in achieving your career goals. In the process, please provide details on your background and motivations. Your response may not exceed and must be typed in the space provided below. (You will be prompted if you exceed 250 words when you hit tab to exit the field.)

6. Write a 500 word essay about a famous Omega Man. Your response may not exceed and must be typed in the space provided below. (You will be prompted if you exceed 500 words when you hit tab to exit the field.)

**OMEGA PSI PHI FRATERNITY, INC.  
ACKNOWLEDGEMENT AND INDEMNIFICATION AGREEMENT**

Name of Applicant (Print) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/Zip/Post \_\_\_\_\_  
Chapter Name \_\_\_\_\_ Chapter Location \_\_\_\_\_

As a condition of my participation in the Omega Psi Phi Fraternity, Inc's Membership Selection Process (MSP), I do hereby enter in the following stipulations, covenants, and agreements:

I certify that I am aware that the Omega Psi Phi Fraternity, Inc. expressly prohibits and vehemently opposes the use of any form of physical or mental harassment/hazing in any of its activities. I understand that hazing includes, but not limited to: physical violence such as paddling and/or slapping; pushing of another's body by use of any object, device or hand; strenuous exercise; forced inducement or the causing of another to consume any food, liquid or other substance; pouring, sprinkling, or covering of another's body with any substance; threatening or causing another to be placed in fear of receiving any physical injury, such as the activities listed above; and generally, any act or acts which would cause any person any humiliation, embarrassment or physical harm.

I agree that I shall not participate in any acts of hazing or attempted hazing and shall promptly report, in writing, any such conduct to the District Representative, Regional Membership Selection Chairman with a copy to the District Representative, or the Fraternity's Executive Director. Also, that no punitive action will be taken against me for rendering said report. I understand that engaging in such conduct and/or the failure to report such conduct shall serve as sufficient cause to be removed as a member or potential member of the Fraternity. I further agree that my participation in any acts of hazing or attempted hazing shall serve as a waiver of my right to bring a claim for damages against the Fraternity. Accordingly, I do hereby release the Omega Psi Phi Fraternity, Inc. and do hold same harmless' as well as its insurers, employees' agents, successors, and assigns from any liabilities for damages incurred by me as a result of my participation in its MSP.

Any grievances, claims or disputes regarding MSP must be referred to the appropriate District Representative or the International Headquarters for investigation and resolution. Matter that cannot be resolved within the fraternity shall be referred for arbitration.

I understand that by engaging in any MSP activities, that this agreement has an effect on interstate commerce rules of the American Arbitration Association. I 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 the MSP process and application, 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 hereby agree, for the purposes of investigating acts of harassment/hazing, to submit to a lie detector test administered at request of the District Representative. I understand that the cost of this examination is to be borne by the Fraternity when so requested.

I understand that the Omega Psi Phi Fraternity, Inc. is a nonprofit corporation, incorporated in the District of Columbia, and having its domicile and principal place of business in Decatur, Georgia. I hereby stipulate and agree that any and all lawsuits other than claims that I may have arising out of my participation in the Omega Psi Phi Fraternity, Inc. MSP shall be governed by the laws of the District of Columbia, and that such lawsuits and claims shall be brought, filed sued upon solely within the jurisdiction of the courts of the District of Columbia.

I certify that I have read this document thoroughly and understand same, and further, that I agree to and do bind myself to all of the terms and conditions contained herein. Accordingly, I do hereby agree to indemnify the Omega Psi Phi Fraternity, Inc. for any claim, loss, damage or expenses caused by me for actions which subject the Fraternity, its assets, officers, agents, and/or officials to judgments for losses, damages or expenses awarded by a court or agreed upon in settlement. I further bind my legal representatives, heirs, successors, and assigns to the terms and conditions of this agreement.

I swear or affirm that I shall abide by the Omega Psi Phi Fraternity Inc. Member Code of Conduct, and its rules, regulations, decorum, and oaths, which may be changed and or amended, from time to time. Further, I agree to remain fully financial at the International, District, State/Corridor (if applicable) and Chapter levels, and in event that I become non-financial for a period of 5

consecutive years, I understand and agree that I may be removed from the rolls of the Fraternity and my membership in the Omega Psi Phi Fraternity Inc. may be revoked.

I understand I shall be informed that I am entitled to receive a listing of fees associated with admission to membership in the Fraternity and a copy of the roster which lists financial members of the chapter. I understand that only the members of the Regional MSP Team are permitted to be involved with me and my activities as a prospective for membership.

I understand that the only agents of the Fraternity are the Supreme Council and/or the Grand Conclave, who may, from time to time, employ persons or firms to act on behalf of the Fraternity. I understand that, as a member or potential member of the Omega Psi Phi Fraternity, Inc., I am not an agent of the organization. Further, I understand that I have no authority whatsoever to enter into any agreements, whether oral or written, that would obligate the Omega Psi Phi Fraternity, Inc.

I understand that withholding information requested on this application or knowingly giving false information may make me ineligible for admission to Omega Psi Phi Fraternity, Inc. or subject to dismissal, if determined after I become a member. I certify that the statements I have made on this application are correct and complete to the best of my knowledge, information, or belief.

I agree that, should any part of this agreement be found to be illegal for any reason, the illegal part or parts shall be severed here from and the remaining agreements and stipulations shall be given full force and effect, as if those severed parts did not exist. I understand that this agreement replaces and supersedes any prior indemnification agreements between the undersigned and the Omega Psi Phi Fraternity Inc.

I certify that I am at least twenty-one years of age, or that I am the parent or legal guardian of the applicant herein and do exercise this document of his behalf. Further, I certify that I enter into these stipulations and agreements knowingly, freely and without duress or coercion of any kind and I too have read the Omega Psi Phi Fraternity, Inc. Membership Code of Conduct and Disciplinary Policy. I further certify that my date of birth is \_\_\_\_\_.

Witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, city/state \_\_\_\_\_

\_\_\_\_\_  
Signature: Applicant

\_\_\_\_\_  
Signature: Notary Public

\_\_\_\_\_  
Signature: Parent/Legal Guardian if member  
is under 21 years of age

\_\_\_\_\_  
Commission expires (Date)

\_\_\_\_\_  
Parent's Address  
\_\_\_\_\_

\_\_\_\_\_  
Notary Stamp or Seal

## OMEGA PSI PHI FRATERNITY, INC. BACKGROUND CHECK INFORMATION

Name	Date of Birth	FOR OFFICE USE ONLY
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### YOUR MILITARY RECORD

Have you ever received other than an honorable discharge from the military? If yes, please submit your DD 214, Member Copy 4		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Date of Discharge (Month and Year)</b>	<b>Type of Discharge:</b>		
Have you ever been subject to court-martial or other disciplinary proceedings under the Uniform Code of Military Justice? If "Yes", list any disciplinary proceeding in the last 15 years and all courts-martial.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Date (Month/Year)</b>	<b>Charge or Specification</b>	<b>Place (City and county/country if Outside the United States)</b>	

### YOUR EMPLOYMENT RECORD

Has any of the following happened to you in the last 15 years? If "Yes" begin with the most recent occurrence and go backwards, providing date fired, quit, or left, and other information requested.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Use the following codes to explain the reason your employment was ended:			
1- Fired from Job	3 – Left a job by agreement following allegations of misconduct	5 – Left a job for other reasons under unfavorable circumstances	
2 – Quit a job after being told you'd be fired	4 – Left a job by mutual agreement following allegations of unsatisfactory performance		
<b>Date (Month/Year)</b>	<b>Code</b>	<b>Employer's Name and Address</b>	<b>State</b>
			<b>Zip / Post</b>

### YOUR POLICE RECORD

If you answer "Yes" to a, b, c, d, or e below, please explain your answer(s) in the space provided. Do not include anything that happened before your 16 <sup>th</sup> birthday						
a. Have you ever been arrested, charged, or convicted of a felony offense?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Have you ever been arrested, charged or convicted of a firearms or explosives charge?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. Are there currently any charges pending against you for any criminal offense?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
d. Have you ever been arrested, charged, or convicted of any offenses related to alcohol or drugs?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
e. Have you ever been arrested, charged, or convicted of any other type of offense? Leave out traffic fines of less than \$100 (Attach additional sheet if necessary and provide all relevant details specified below)					YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Date (Month/Year)</b>	<b>State Statute / Code</b>	<b>Disposition (i.e. Sentence, Probation, Supervision, etc.)</b>	<b>Law Enforcement Authority or Court (City and County/Country if outside the U.S.)</b>	<b>State</b>	<b>Zip Code</b>	





**OMEGA PSI PHI FRATERNITY, INC.  
RECOMMENDATION FOR MEMBERSHIP**

**TO THE APPLICANT:** Complete this portion of the form. Then give the form to one of the individuals who will write a recommendation for you. Provide a stamped self-addressed envelope to that individual. The Chairman of the Regional Membership Selection Team will provide the address to which the recommendation is to be sent when completed.

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
NAME OF CHAPTER

**TO THE RECOMMENDER:** Please answer the following questions concerning the above named applicant.

How long have you known the applicant? (years/months)

Under what circumstances have you known the applicant?

Give specific examples of occasions where the applicant displayed leadership ability. Provide some detail.

Based on your personal knowledge and involvement with the applicant, provide specific examples of his service to the community/ and or University.

Provide any other information that you feel will provide additional insight into the following aspects of the applicant's character: integrity, maturity and responsibility.

**continue on back of page, if necessary)**

\_\_\_\_\_  
Recommender's Name (TYPE OR PRINT) Title/Position \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. # \_\_\_\_\_  
Control/Membership#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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**(continue on back of page, if necessary)**

\_\_\_\_\_  
Recommender's Name (TYPE OR PRINT) Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Tel. # \_\_\_\_\_

Control/Membership#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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**continue on back of page, if necessary)**

\_\_\_\_\_  
Recommender's Name (TYPE OR PRINT) Title/Position \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. # \_\_\_\_\_  
Control/Membership#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**OMEGA PSI PHI FRATERNITY, INC**  
**Medical Consent Forms and Releases**

**PART I: PHYSICAL EXAMINATION**

Name of Applicant: \_\_\_\_\_  
Last First Middle Initial

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Sponsoring Chapter/Address \_\_\_\_\_

Responsible Party in Chapter \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_

MEDICAL EXAMINATION			
Date of Examination _____		Applicant's Date of Birth _____	
Height _____	Weight _____	Blood Pressure _____	COMMENTS
NORMAL	ABNORMAL		
Eyes _____	_____	_____	_____
Ears _____	_____	_____	_____
Nose, Throat _____	_____	_____	_____
Heart, Lungs _____	_____	_____	_____
Abdomen _____	_____	_____	_____
Extremities _____	_____	_____	_____
Neurological _____	_____	_____	_____
Allergies to Medicine: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list: _____			
Restrictions _____			
Physician's Name (print) _____			
Address _____			
City/State/Zip _____			
Phone _____			
Physician's Signature: _____			

**PART II: ADDITIONAL MEDICAL HISTORY**

Check the box for either yes or no for each question.

#	Question	Yes	No
1	Sickle Cell Anemia?		
2	Food medication allergy?		
3	Epilepsy, seizures, fainting spells?		
4	Heat stroke or heat exhaustion?		
5	Diabetes mellitus (sugar)?		
6	Hemophilia (bleeding disorder)?		
7	Bone or joint problem?		
8	Heart Problem?		

#	Question	Yes	No
9	Hearing or vision problems?		
10	Eye glasses or contact lenses?		
11	Dentures or hearing aid?		
12	Loss of function of a body part?		
13	Require a special diet?		
14	Special psychiatric needs?		
15	High blood pressure or hypertension?		

Because we have programs that involve the public and children, it is important for us to know have you ever been diagnosed with a mental disorder(s) or believe yourself to be suffering from a mental disorder for which you have not been diagnosed? And, if so, were you or are you being treated for said disorder(s)? (Attach additional sheets if necessary)

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If the answer to any of the above questions is "yes", explain fully below. Give details as to when the event occurred, your (or your child's) current status, and any special needs that he now has. (Attach additional sheets if necessary)

Please provide your sex/gender at birth (male or female): \_\_\_\_\_

Please provide all names you have ever used or been called: \_\_\_\_\_

Have you had any information on your original birth certificate changed? (yes or no) \_\_\_\_\_

**Medications:** Please list all medications (attach additional sheets if necessary)

	NAME	EXACT DOSAGE	SPECIFIC TIME GIVEN
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, List: \_\_\_\_\_

Tetanus Booster, Date: \_\_\_\_\_

**PART III: PARENT / MEDICAL CONTACT INFORMATION** (If applicant is under 21 years old)

Parent/Guardian (NAME): \_\_\_\_\_ Phone: H \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ B \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(\*Examination must not have been given more than 90 days prior to activity.  
 Date(s) of activity is/are \_\_\_\_\_ )

Emergency Contact if parent/guardian not available:  
 Name: \_\_\_\_\_ Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone H \_\_\_\_\_ B \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone H \_\_\_\_\_ B \_\_\_\_\_

Family Doctor: Name \_\_\_\_\_ Phone \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 Medical Insurance Policy Name \_\_\_\_\_ Policy # \_\_\_\_\_

**PART IV: MEDICAL RELEASE**

I, the undersigned, hereby authorize the medical information contained herein to be released and disclosed to the Omega Psi Phi Fraternity, Inc. as part of my application for membership. The release and disclosure of said medical information shall be restricted to only those persons within Omega Psi Phi Fraternity, Inc. who are responsible for managing and/or administering the Membership Selection Process. I hereby release Omega Psi Fraternity, Inc., its insurer, agents, heirs, successors and assigns from any and all liabilities and claims in connection herewith.

\_\_\_\_\_  
 Applicant Signature Date Parent/Legal Guardian Signature Date  
 (Required if applicant is under the age of 21)

OMEGA PSI PHI FRATERNITY, INC  
PROCESSING FEE WAIVER

BY the Releaser(s) \_\_\_\_\_, referred to as I,

TO: The Omega Psi Phi Fraternity, Inc.; the \_\_\_\_\_ District of the Omega Psi Phi Fraternity, Inc.; and  
\_\_\_\_\_ chapter, an unincorporated association of the Omega Psi Phi Fraternity, Inc.; their officers,  
members, agents, employees and/or assigns, referred to as You.

If more than one person signs this Release, I shall mean each person who signs this Release.

- 1. **Release.** I release and give up any and all claims and rights which I may have against you pertaining to my right to recover the portion of sums designated as a processing fee which was remitted by me to You. This releases all claims, including those of which I am not aware and those not mentioned in this Release, which pertain to my right to recover said processing fee.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that I have attended an "Information Session", which I understand to be a segment of the Membership Selection Program of the Omega Psi Phi Fraternity, Inc., sponsored by and through the \_\_\_\_\_ District of the Omega Psi Phi Fraternity, Inc., and that I have remitted the sum of \$1,365.00 (for a graduate candidate, or G) or \$1,160.00 (for an undergraduate candidate, or UG) as required by my attendance at the Information Session.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that remittance of the aforementioned sum is not a promise, guarantee, or made in consideration of membership into the Omega Psi Phi Fraternity, Inc., the \_\_\_\_\_ District of the Omega Psi Phi Fraternity, Inc., and or \_\_\_\_\_ chapter of the Omega Psi Phi Fraternity, Inc. I fully understand that my admission to membership into the Fraternity shall be governed by the rules promulgated within the Membership Selection Program Handbook.

IT IS EXPRESSLY UNDERSTOOD AND AGREED that I shall be entitled to a refund of all other sums remitted by me at the "Information Session" except for the insurance fee of \$160.00, and a processing fee of \$120.50 (G) or \$100.00 (UG).

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED that the remittance of \$1,084.50 (G) or \$900.00 (UG), which is the remainder of the monies submitted by me after the aforementioned deductions, by "You" is in full accord and satisfaction, and in compromise of all disputed claims and I understand that I am not entitled to recover any further sums from You.

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED that remittance of the sum of \$1,084.50 (G) or \$900.00 (UG), shall be made in accordance with the rules set forth by the Membership Selection Handbook of the Omega Psi Phi Fraternity, Inc. or as designated by the Grand Basileus of the Omega Psi Phi Fraternity, Inc., or his designee.

- 2. **Who is Bound.** I am bound by this Release. Anyone who succeeds to my rights and responsibilities, such as my heirs or the executor of my estate, is also bound. This Release is made for your benefit and all who succeed to our rights and responsibilities, such as your heirs or the executor of your estate.
- 3. **Governing Law.** This agreement shall be deemed a contract entered into pursuant to the laws of the State of Georgia and shall in all respects be governed, construed, applied and enforced in accordance with the laws of the State of Georgia.
- 4. **Signatures.** I understand and agree to the terms of this Release.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(Required if applicant is under the age of 21)

\_\_\_\_\_  
Date

**OMEGA PSI PHI FRATERNITY, INC  
TRANSCRIPT AND/OR DD 214**

**Please attach an official copy of transcript and/or DD Form 214, Member Copy 4.**