



# Delta Gamma

1873

## Application for Reinstatement of Membership

As stated in Article VII, Section 2 of the Fraternity Constitution, “a member whose resignation has been accepted may request a one-time reinstatement in accordance with Fraternity policy.” Currently, former members are eligible to reinstate to active collegian or active alumnae status, provided the member was not expelled from the Fraternity. Both pathways toward reinstatement are described below.

### COLLEGIATE REINSTATEMENT

- **Time Requirements** – Former members wishing to reinstate to collegiate status are eligible to apply for reinstatement at any time.
- **Financial Requirements** – There is no reinstatement fee for collegiate reinstatements, but reinstated collegians will be expected to sign a Dues and Fees Contract with their collegiate chapter and meet all financial obligations outlined in the contract.
- **Application Requirements** – Former members should submit the following items to [CollDept@deltagamma.org](mailto:CollDept@deltagamma.org) to complete their collegiate reinstatement application file:
  - This application form, the free response section explaining your reinstatement request, and the attached Reinstated Collegian Statement of Obligation.
- **Approval Process** – Collegiate reinstatements will be approved by Executive Offices staff.

### ALUMNAE REINSTATEMENT

- **Time Requirements** – Former members wishing to reinstate to alumnae status are eligible to apply for reinstatement after at least 2 years have passed since their date of resignation.
- **Financial Requirements** – There is a reinstatement fee of \$50 for alumnae reinstatements, and reinstated alumnae will also be expected to pay their per capita dues for the current fiscal year. Details about submitting this payment will be shared once a reinstatement application has been approved.
- **Application Requirements** – Former members should submit the following items to [AlumnaeDept@deltagamma.org](mailto:AlumnaeDept@deltagamma.org) to complete their alumnae reinstatement application file:
  - This application form, the free response section explaining your reinstatement request, and the attached Reinstated Alumnae Statement of Obligation.
- **Approval Process** – Alumnae reinstatements will be approved by Executive Offices staff.

## Applicant Information

Last Name	First Name	Middle Name
Maiden Name (if applicable)	Preferred Name	Date of Birth
Street Address	City	State      Zip Code
Email Address	Phone Number	Member Number <i>(if known)</i>
Chapter of Initiation	Initiation Date <i>(approximate)</i>	Resignation Date <i>(approximate)</i>

If your Application for Reinstatement is approved, you will be expected to remain in financial good standing for the duration of your membership. For collegiate members, this means meeting all financial obligations of any signed Dues and Fees Contracts for the duration of your collegiate membership. For alumnae members, this means paying a one-time \$50 reinstatement fee as well as your alumnae per capita dues annually until you reach 50 years of membership. Do you agree to these financial conditions and promise to adhere to them?

YES  NO

As a member, you are required to abide by the high ideals and standards of membership. You must uphold the Constitution and promote the Delta Gamma philosophy through your words and actions. You must sign the appropriate Statement of Obligation attached below and return it with your completed application. Do you agree with these expectations and promise to adhere to them?

YES  NO

Before approving this Application for Reinstatement, Executive Offices will conduct an audit of your previous membership record to verify that you met membership obligations when you were a member. Breaches of your membership obligations resulting in expulsion from the Fraternity will be grounds for denial of this reinstatement request. Were you expelled, or did you resign to escape accountability for outstanding obligations?

YES  NO

Have you applied for or been granted reinstatement before?

YES  NO

Please include in the text box below the following information:

- The conditions under which you resigned your membership
- Your reasons for seeking reinstatement at this time
- Your plans to be a committed and contributing member of Delta Gamma moving forward
- The university you currently attend and your expected graduation date (for collegiate reinstatements only)

I verify that the information contained in this Application for Reinstatement is true.

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_



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## Reinstated Collegian Statement of Obligation

Please complete only if you are applying for Collegiate Reinstatement.

As a former member of the \_\_\_\_\_ chapter of Delta Gamma Fraternity, and as part of the conditions required for the reinstatement of my membership, I accept the responsibilities of lifelong membership in the Fraternity. I am familiar with and at all times will abide by the Constitution, policies and procedures of the Delta Gamma Fraternity and the \_\_\_\_\_ chapter's bylaws and standing rules. I understand that should I transfer to another campus and affiliate with another chapter, I am still bound by my Statement of Obligation and become responsible for and will abide by that chapter's bylaws and standing rules.

I will live by the high standards and ideals of sisterhood of the Delta Gamma Fraternity. I will strive to achieve my scholastic potential and I will provide, and hereby authorize my university to provide, copies of my grade reports to the director of scholarship within two weeks after grades are released. I will meet my financial obligations and will abide by the chapter's housing policies. I will hold in confidence the business and rituals of Delta Gamma Fraternity and of my chapter.

I understand that the Honor Board of \_\_\_\_\_ chapter (or any subsequent chapter with which I affiliate) has the responsibility to enforce all chapter, Fraternity, and university rules and regulations, and to require me to comply with all local, state, provincial, and federal laws. I understand that a violation of any of these requirements will result in disciplinary action against me by the chapter Honor Board in accordance with the procedures of Delta Gamma Fraternity. Furthermore, I consent to electronic communication regarding Fraternity business at the email address I have provided.

If for any reason my membership is terminated, I promptly will return my badge and my membership certificate.

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_



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## Reinstated Alumnae Statement of Obligation

Please complete only if you are applying for Alumnae Reinstatement.

As a former member of \_\_\_\_\_ chapter of Delta Gamma Fraternity, and as part of the conditions required for the reinstatement of my membership, I accept the responsibilities of lifelong membership in the Fraternity and will live by the high standards and ideals of sisterhood. I am familiar with and will abide by the Constitution and policies and procedures of Delta Gamma Fraternity. I will hold in confidence the business and rituals of Delta Gamma Fraternity.

I will support a collegiate chapter and/or alumnae group by volunteering my time and talents to Delta Gamma Fraternity and Foundation. I will financially support the Fraternity by paying my annual dues. I will support the Delta Gamma Foundation whenever possible by contributing to the Loyalty Fund or other Foundation programs.

I understand that the Fraternity has the responsibility to enforce all Fraternity rules and regulations, and expects me to comply with all local, state, provincial and federal laws. I understand that a violation of any of these requirements may result in disciplinary action against me in accordance with the procedures of Delta Gamma Fraternity

If for any reason my membership is terminated, I will return my badge and membership certificate to Executive Offices immediately.

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_