The mission of Omega Phi Beta Sorority, Incorporated is to serve and educate people of diverse backgrounds through sisterhood, leadership and guidance.

In addition to our goals, we understand Hofstra University’s stand against hazing. Specifically, we know that, Hofstra University defines hazing as follows:

“Hazing has been defined as generally including, among other things:
A. Any action or situation which recklessly or intentionally endangers mental or physical health or involves the forced consumption of liquor, drugs, food, beverage or other substances for the purpose of initiation into or affiliation with any organization.
B. Any other act or series of acts which cause or are likely to cause mental or physical harm or danger.
C. Mistreatment by playing stunts or practicing abusive, humiliating or abusive tricks that subject an individual to personal indignity, humiliation or ridicule.
D. Harassment by enacting unnecessary, disagreeable or difficult work by banter, ridicule or criticism. Some examples of such activities include:
   • abnormal or unusual dress holding the wearer to ridicule, e.g. extraordinary headgear, costumes, underwear, body painting.
   • performing unusual or abnormal acts e.g., dancing on tables, standing at attention, standing on window sills, etc.
   • excessive or unusual physical exercise, e.g., crawling, duckwalk, pushups, situps, skipping, hopping, squatting, etc.
   • verbal harassment or abuse, e.g. yelling, making demeaning remarks, etc.”

I, ________________________, as a current member of Name of Organization, agree to the definition of hazing as described above and confirm that I have read and understand the Hofstra University New Member Packet and regulations of Hofstra University and New York State Laws regarding hazing. Furthermore, I agree that under no conditions will I deviate in any way from the activities prescribed in this membership packet. I understand that any violation or deviation will result in judicial action against the group and/or individual students within the group. Lastly, I have read and will abide by all policies issued my organization’s national headquarters regarding hazing and/or new member activities.

Current Member: _____________________ Signature: ___________________________

Hofstra ID: ______________________ Phone Number: _______________________

We certify that the member above as met all of these requirements to participate in the new membership activities.

President: ______________________________ Signature: ______________________________

New Member Educator: __________________ Signature: ______________________________

Office Use Only

Date Submitted: _________________________________