

**MEMBERSHIP SELECTION PROCESS CHECKLIST
(FORMS) SHOULD BE INSERTED HERE.**

Membership Selection Forms

The following list of forms must be properly executed and forwarded to the District Representative and then to the International Office.

- 1. The original Application for Membership (9A) plus all attachments**
 - a. Transcript**
 - b. Acknowledgement and Indemnification Agreement**
 - c. Polygraph Waiver**
 - d. Portfolio with two Passport Photos**
 - e. Medical examination**
 - f. Three letters of recommendations**
- 2. Original Report of Remittance of Funds (Form 2)**
- 3. Original Official Order Blank Fraternity Pearl Pin (Form 3)**
- 4. Original Certification of Men for Initiation (Form 10)**
- 5. Answer sheet with score**

NOTICE OF CHAPTER REQUEST (FORM 1)

TO: _____, District Representative

FROM: _____, Chapter

Please be advised that _____ Chapter in a duly constituted meeting on _____ 20__ by a majority of financial brothers present voted to hold a Membership Selection Process.

If this meets your approval, please notify the Chapter Basileus and we will begin accepting portfolios.

Date

Date

Chapter Basileus Name
Name

District Representative

Signature Chapter Basileus
Representative

Signature District

| |
|--|
| REQUEST FOR MEMBERSHIP SELECTION PROCESS (FORM 105) |
|--|

_____ **DISTRICT**

TO: _____, District Representative

FROM: _____, Chapter

The chapter requests your approval for Membership Selection Process. Please approve this request and notify the appropriate Membership Selection Chairman, such that the process may begin. By my signature below, I certify that the chapter has compiled with the prerequisites.

2. Registered at least one delegate at the last Grand Conclave.
3. Registered at least one delegate at the last District Meeting.
4. Had a representative present at the last corridor, state, or council meeting.
5. Had a representative present at all required district functions?
6. Has paid all insurance assessments.
7. Has paid the current year's United Negro College Fund assessment?
8. Has the minimum number of men (five) financial at the local, district, and international levels as shown on the attached form 53.
9. Has participated in all mandated programs at the international level (list attached).
10. Has participated in all mandated programs at the district level (list attached).
11. Chapter members have a completed form 9A-20 (a).

12. Has attached a list of the individuals, which the chapter would like to have considered/invited by the Membership Selection Process Chairman.
13. Chapter members have completed Membership Selection Process training.
14. Has apprised chapter members of the need to bring their current financial card (issued by International Office) to all Membership Selection Process meetings conducted by the Membership Selection Process Chairman.
15. Undergraduate chapter, must be good standing with the campus Pan-Hellenic Council or its equivalent.

| | | |
|----------------|--------------------|-------|
| _____ | _____ | _____ |
| Basileus' Name | Basileus Signature | Date |

Attachment: List of Mandated Programs in which the chapter participated, form-53 showing 90-20(a) executed.

| |
|--|
| NATIONALLY MANDATED PROGRAMS (ATTACHMENT TO FORM 105) |
|--|

| | Month/Year |
|---|-------------------|
| Achievement Week | |
| Scholarship | |
| National Social Action Program | |
| Talent Hunt Program | |
| Memorial Service | |
| Reclamation | |
| National High School Essay Contest | |
| Assault on Illiteracy Process | |
| United Negro College Fund | |

**NOTICE TO PARENTS OF PROSPECTIVE CANDIDATES UNDER 21
(FORM 9A-4)**

TO: _____ **Parents/ Guardian**

FROM: _____ **District Representative**

_____ **Membership Selection Chairman**

_____ **Basileus**

RE: Omega Psi Phi Fraternity, Inc. – Membership Selection Process

Omega Psi Phi Fraternity, Inc. has opened its doors for membership. Our focus is on identifying and bringing high quality new members into the organization that will form life long friendships through mentoring and community involvement. _____ (Name of prospective candidate) is seeking membership in Omega Psi Phi Fraternity, Inc.

Because _____ (Name of prospective candidate) is under the age of 21, you are being notified of his potential involvement. In order for him to complete the Membership Selection Process, you must execute
(a) Medical, Consent and Release

(b) Acknowledgement and Indemnification Agreement

We have also enclosed Omega Psi Phi Fraternity's Statement of Position on Hazing. Should you have any questions, please feel free to contact the District Representative and/or the Membership Selection Chairman at the following addresses:

_____ **District Representative**

_____ **Address**

_____ **City, State, Zip**

_____ **Phone Number**

_____ **Membership Selection Chairman**

_____ **Address**

_____ **City, State, Zip**

_____ **Phone Number**

Attachments: Policy on Hazing

Medical Release and Content 9a-20

LIST OF APPROVED NAMES FROM CHAPTER TO DISTRICT REPRESENTATIVE (FORM 1E)

TO: _____ District Representative

FROM: _____ Chapter

Please be advised that the following list of names have been approved by _____ Chapter as prospective candidates for the Membership Selection Process.

After your approval, these prospective candidates will be forwarded an Invitation to the Information Session.

Approval _____

Denial _____

District Representative

Date

COVER LETTER TO COLLEGE/UNIVERSITY (FORM 9A-3)

TO: _____ **College Dean**
_____ **Student Life**
_____ **Greek Affairs**
_____ **Vice Presidents**

FROM: _____ **District Representative**
_____ **Membership Selection Chairman**

RE: Omega Psi Phi Fraternity, Inc. – Membership Selection Process

Omega Psi Phi Fraternity, Inc. wishes to advise that _____ Chapter is beginning a Membership Selection Process on your campus. Our emphasis is placed on the selection of college-trained men who, through their daily lives and activities, uphold and support our cardinal principles of Manhood, Scholarship, Perseverance, and Uplift.

Omega Psi Phi Fraternity, Inc. realizes the need to cultivate a strong partnership with the university. In order for this relationship to exist, we must commit ourselves to communicate with each other. We would like to strengthen our ties and build a rapport with the campus administration to ensure a position relationship.

It is understood by the prospective candidates and members of our Fraternity that: ALL COLLEGE/UNIVERSITY RULES AND REGULATIONS APPLICABLE TO THE MEMBERSHIP SELECTION PROCESS ARE TO BE ADHERED AND NO RULE PUBLISHED BY THE FRATERNITY'S MEMBERSHIP SELECTION PROCESS SHALL CONFLICT WITH THE COLLEGE/UNIVERSITY'S RULE.

Find attached a list of the names of prospective candidates who have been accepted in our Membership Selection Process. If you have any questions, feel free to contact the following:

_____ **District Representative**

_____ **Address**

_____ **City, State, Zip**

_____ **Phone Number**

_____ **Membership Selection Chairman**

_____ **Address**

_____ **City, State, Zip**

_____ **Phone Number**

Attachments

| |
|--|
| WEEKLY STATUS REPORTS (FORM 1B) |
|--|

This form is to be used each week to assess the progress of each prospective candidate under all four criterions.

Prospective Candidate’s Name _____

| | | | | |
|---------------------|------------|------------|------------|------------|
| Week | (1) | (2) | (3) | (4) |
| [Circle One] | | | | |

Criterion I Fellowship, Brotherhood, Scholarship

(1) Good ____ **(2) Average** ____ **(3) Poor** ____ **(4) Needs Improvement** ____

Explain: _____

Criterion II Information and Knowledge

(1) Good ____ (2) Average ____ (3) Poor ____ (4) Needs Improvement ____

Explain: _____

Criterion III Project and Programs

(1) Good ____ (2) Average ____ (3) Poor ____ (4) Needs Improvement ____

Explain: _____

Criterion IV Character

(1) Good ____ (2) Average ____ (3) Poor ____ (4) Needs Improvement ____

Explain: _____

Membership Selection Chairman's Signature

Mentor's Signature

Sponsor's Signature

Chapter Basileus' Signature

A COPY OF THIS REPORT SHOULD BE SENT TO THE DISTRICT REPRESENTATIVE AND A COPY KEPT BY THE MEMBERSHIP CHAIRMAN.

LETTER OF ACCEPTANCE (FORM 1C)

TO: _____ Name of Prospective Candidate

FROM: _____ Membership Chairman

Congratulations!

You have been nominated for membership into Omega Psi Phi Fraternity, Inc. As a candidate for membership, you must follow all rules and regulations as outlined in the Information Session you attended. “Failure to do so may disqualify you as a potential member of Omega Psi Phi Fraternity, Inc.”

Additionally, you are reminded that you are required under the Acknowledgement and Indemnification Agreement to report any acts of hazing or attempted hazing promptly to the Membership Selection Chairman or the District Representative.

Your attendance is requested at the following date, place, and time to be introduced to the members of _____ (Chapter).

Date _____

Time _____

Place _____

LETTER OF DENIAL AND THANKS (FORM 1D)

TO: _____ **Name of Prospective Candidate**

FROM: _____ **Membership Chairman**

Thank you for your interest in Omega Psi Phi Fraternity, Inc. We regret to inform you that your application has been denied at this time.

We wish you well in all of your future endeavors. Please return any of the educational materials to the address listed below.

Thank you,

POLYGRAPH WAIVER (FORM 1A)

Name of Applicant or Member (Print) _____

Social Security Number _____

Street Address _____

City/State/Zip code _____

Chapter Name _____ **District** _____

I, _____ certify that I am at least 21 years of age or that I am the parent or legal guardian of the applicant herein and do execute this document on his behalf. I certify that I enter into this waiver knowingly, freely, and without duress or coercion of any kind.

I certify that I have thoroughly read and understand the Fraternity's policy on Hazing. I am aware of the fact that Omega Psi Phi Fraternity Inc. expressly prohibits and vehemently opposes the use of physical or mental harassment/hazing in any of its activities.

I hereby agree, for purposes of investigating acts of harassment/hazing, to submit to a lie detector test administered at the request of the District Representative. I understand that the cost of this examination is to be borne by the Fraternity when so requested.

I further agree that as condition of my participation in the Omega Psi Phi Fraternity, Inc.'s Membership Selection Process as a member or prospective candidate, I do hereby enter into this waiver and stipulation.

WITNESS my hand and seal this _____ day of _____, 20____.
(City/State)_____

Prospective Candidate's or member's signature

Parent or Legal Guardian if prospective candidate under 21 years old

Notary

Commission expires (Date)

“PORTFOLIO” (FORM 9A-1)

(This form is for Chapter use only)

Brothers must complete this form to nominate a candidate for consideration for the Membership Selection Process. (Completion of this form is mandatory.) You may use additional pages as necessary.

Please PRINT or TYPE all information

1. Name of Nominee: _____
 (Last) (First) (Middle)

2. Nominee’s Address: _____

Home Number: _____

Work Number: _____



Brothers: I nominate _____ for consideration for our Membership Selection Process with the hope that he will become a contributing member of our Fraternity upon completion. I have known the nominee for the past _____ (years/months.) I offer the following as proof that he presently possesses the qualities of our Four Cardinal Principles:

MANHOOD – He demonstrates manhood

SCHOLARSHIP – In addition to the information contained in the education section of this form, he has exhibited scholarship by _____

PERSEVERANCE – He has demonstrated this principle by _____

UPLIFT – He displays this principle by _____

GENERAL EDUCATION INFORMATION

3. **Baccalaureate Degree:** BA _____; BS _____; BBA _____; Others _____

4. **Major(s):** _____

| 5. College/University Attended: | Date | City, State |
|--|-------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | | |
|-------------------------------|-------|-------|
| 6. Advanced Degree(s): | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

GENERAL INFORMATION

7. **Community Activities:** _____

8. Military /Additional Information

This nomination is submitted on _____ (date).

Nominator's signature _____ Control Number _____

Note: It is mandatory that two passport photos be submitted with this form.

**ACKNOWLEDGEMENT AND INDEMNIFICATION AGREEMENT (FORM
9A-20)**

Name of Applicant or Member (Print) _____

Social Security Number (Applicant) _____

Street Address _____

City/State/Zip Code _____

Chapter Name _____ Chapter Location _____

I certify that I am aware of the fact that Omega Psi Phi Fraternity, Inc. expressly prohibits and vehemently opposes the use of physical or mental harassment/hazing in any of its activities. I understand that hazing includes, but is not limited to, physical violence such as paddling, 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 report any acts of hazing or attempted hazing promptly to the Membership Selection Team in writing with a copy to the District Representative, or directly to the District Representatives. I understand that failure to render said report shall serve as sufficient cause for my dismissal from the Fraternity.

I understand that the Omega Psi Phi Fraternity, Inc. is a non-profit corporation, incorporated in the District of Columbia, and having its domicile and principal place of business in Decatur, Georgia.

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 member or potential member of 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 Omega Psi Phi Fraternity, Inc. in any way.

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

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 did not exist.

I certify that I am at least twenty-one (21) years of age, or that I am the parent or legal guardian of the undersigned and do exercise this document on his behalf. Further, I certify that I enter into these stipulations and agreements knowingly, freely and without duress or coercion of any kind. I further certify that my date of birth is

_____.

WITNESS my hand this _____ day of _____, 20____, City/State _____.

Signature: Applicant or Member

Signature: Notary Public

Signature: Parent /Legal Guardian if member
Is under 21 years of age

Commission expires (Date)

Parent's address _____

Seal

-

INFORMATION SESSION INVITATION (FORM 9A-2)

You are cordially invited to attend a formal Information Session sponsored by _____ Chapter of Omega Psi Phi Fraternity, Inc. The purpose of this session is to share with you information about Omega Psi Phi Fraternity, Inc. and the possibility of your becoming a member of this organization. Please wear a coat, shirt, and tie to this session. The cost of becoming a member is \$ _____. The session will begin at _____ on _____ at the _____.

We look forward to you being present and participating in this session. Please reply to the address listed below whether you intend to participate.

*****Please complete this section*****

_____ I will attend the Information Session referenced above.

_____ I am not interested in joining Omega Psi Phi Fraternity, Inc.

Name _____ Phone _____

Address _____ State _____ Zip _____

College completed or attending _____

Degree(s) earned or pursuing _____

If you plan to attend the Information Session you must sign and date the section

Signature

Date

Medical, Consent Forms and Releases (FORM 89)

Name of Applicant: _____
Last
First
Middle Initial

Home Address: _____

City _____ **State** _____ **ZIP** _____

Sponsoring Chapter/address _____

| | | | |
|----------------------------|----------------------------------|--|--|
| <u>MEDICAL EXAMINATION</u> | | | |
| | <u>Date of Examination</u> _____ | <u>Applicant's Date of Birth</u> _____ | |
| Height _____ | Weight _____ | Blood Pressure _____ | |
| Eyes _____ | | | |
| Ears _____ | | | |
| Nose, Throat _____ | | | |
| Heart, lungs _____ | | | |
| Abdomen _____ | | | |
| Extremities _____ | | | |
| Neurological _____ | | | |

| |
|---------------------------------------|
| Allergies to Medication: _____ |
| Restrictions: _____ |
| Physician's Name _____ |
| Address _____ |
| City/State/Zip _____ |
| Phone _____ |
| Physician's Signature: _____ |

PARTICIPATION RELEASE (If applicant is under 21 years old)

I hereby give my permission for (Child's Name) _____ to participate in the Omega Psi Fraternity, Inc. activities and events.

CONSENT TO TREATMENT/EVIDENCE OF INSURANCE

In the event that my child should for any reason require any minor or surgical treatment and/or medication during the course of his attendance at or participation in the Omega Psi Phi Fraternity, Inc. activities, I authorize such physician or emergency care staff that the Omega Psi Phi Fraternity, Inc. may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of any hospital, and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well being of my child. It is understood, however, that if hospitalization or treatment of a more serious nature is required I will be contacted, if at all possible, by telephone for permission.

REPORT OF REMITTANCE OF FUNDS (FORM 2)

CERTIFICATION (FORM 3)

By my signature which appears below, I unequivocally understand that, in placing an order for a badge (pin) of the Omega Psi Phi Fraternity, Inc., Title to such badge, vests in the Omega Psi Phi Fraternity, Inc., and that the money paid by me for such a badge (pin) is a rental fee.

I further understand that any failure on my part to conform to the rules and regulations as set forth in the constitution and By-Laws and/or the ritual of the Omega Psi Phi Fraternity Inc., may result in the recall of such a badge. I hereby agree to return said badge upon demand of my Chapter or the National Body. It being understood that, upon return of the badge, any deposit I have made therefore will be returned to me.

If it is necessary for the Fraternity to take legal steps to secure the return of the badge. I specifically waive all legal defenses and agree to hold harmless the Omega Psi Phi Fraternity Inc., and my local Chapter for any expenses incurred.

| NAME (TYPE or PRINT) | SIGNATURE | DATE |
|----------------------|-----------|-------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |
| 4 _____ | _____ | _____ |
| 5 _____ | _____ | _____ |
| 6 _____ | _____ | _____ |
| 7 _____ | _____ | _____ |
| 8 _____ | _____ | _____ |
| 9 _____ | _____ | _____ |
| 10 _____ | _____ | _____ |
| 11 _____ | _____ | _____ |
| 12 _____ | _____ | _____ |
| 13 _____ | _____ | _____ |
| 14 _____ | _____ | _____ |
| 15 _____ | _____ | _____ |
| 16 _____ | _____ | _____ |
| 17 _____ | _____ | _____ |
| 18 _____ | _____ | _____ |
| 19 _____ | _____ | _____ |
| 20 _____ | _____ | _____ |

_____ Chapter

Certification of Men for Initiation (FORM 10)

_____DISTRICT

Name of Chapter _____ Reported By _____ KRS

Chapter Address _____
 Street/P.O. Box _____ City _____ State _____ Zip code _____

REGISTRAR/DEAN OF COLLEGE OR UNIVERSITY

Undergraduate Candidates for membership must be registered full-time and be pursuing a Bachelors Degree. Please Complete Columns B, C And D for each Candidate. Certify the information by placing the university Seal and your Signature hereto: and indicate the number of persons for whom you have provided information. Each candidate is required to sign the release statement on the reverse side of this page.

OMEGA PSI PHI FRATERNITY-CHAPTER KEEPER OF RECORDS AND SEAL

Type the name of each candidate in Column A. If the Candidate is an undergraduate, he must complete the release statement on the reverse side of this page. Then, the registrar of the college or university must complete Columns B, C, and D

If the applicant is a college graduate, you need only to write the words "graduate" in the column B opposite his name.

| | A | B | C | D | E |
|-----|--|--|---------------------------------------|--------------------------------------|--|
| | Names of candidates For initiation Print or Type | Academic Classification (Fr. So. etc.) | Enrollment Status (Full/Part time) | Cumulative Grade Point Average | D.R use only Approved or Disapproved |
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ | _____ | _____ |

CHAPTER KEEPER OF RECORDS AND SEAL- DO NOT WRITE BELOW THIS LINE

For Registrars use only

_____ Seal and signature of registrar or Dean

_____ Number of Candidates Processed.

FOR OMEGA USE ONLY

Approved Date of Initiation (By D.R.) _____ Number of candidates Approved _____

_____ (Print) District Representative's Name

_____ District Representative's Signature

CERTIFICATION OF INITIATION

I certify that the initiation ceremony was personally supervised by me on _____, 19

_____ Print Name

_____ Signature of district Representative or Supervisor

INSTRUCTIONS ON REVERSE SIDE OF LAST PAGE

Send original and three (3) Copies.

TO LEARN THE WORDS AND MUSIC OF THE NATIONAL SONGS OF THE OMEGA PSI PHI FRATERNITY, INC.

THE OMEGA HYMN

Mercer Cook and Charles Drew

Omega Dear, We are thine own,
Thou art our life, our love, our home,
We'll sing thy praises far and nigh;
We love Omega Psi Phi.

To all thy precepts make us true;
Live nobly as all real men do,
Let manhood be our eternal shrine;
With faith in God and heart and mind.

Through days of joy or years of pain;
To serve thee e'er will be our aim;
And when we say our last goodbye,
We'll love Omega Psi Phi.

SWEETHEART SONG

Don Q. Pullen

Dear Omega Girl, I love you
With a love that is divine;
Swear by all the stars above you
That my love will be but thine.
When the moon appears those pleasant
memories,
Then I have you near, but not for really,
Dear Omega Girl, I love you
Sweetheart of Omega Dear

LAMPS OF OMEGA

(Tune: "In the Gloaming")

We are the Lamps of Dear Omega
Fighting hard; to reach our goal:
Fighting hard to walk the road
That men have gone, both young and old,
We shall keep our lamps well lighted
Spreading radiance of love;
Giving out the light of friendship
Bathed in glory from above.

God, give unto us great courage
Give us faith and make us strong;
That we who are within the band
May not fall as we go along.
Keep the soldiers of this army
Moving guided on the Hand. . .
May we march across the desert
And enter dear Omega's land

PLEDGE CLUB SONG

We, the Lampados, pledged Omega Psi Phi.
We are ever striving with will to do or die;
Supreme in exaltation,
we'll hold our standards high,
For we love Omega dear, Omega Psi Phi