



Kappa Iota Sigma Sorority



P.O. Box 465

Roosevelt, NY 11575

"Beauty is Essential to the Soul"



Application may be electronically reproduced (scanned, typed, computer generated) providing that you use the same format of the original application. A handwritten application is permissible providing the legibility. (Black Ink Only) Typed applications are preferred by the National Office. This application is not to be redistributed by the applicant. The intake fee is a total of \$200; the application must be submitted with a \$25 application fee submitted through pay-pal.

****The intake fee contains the \$25 non-refundable application fee.****

Applying for membership in: Kappa Iota Sigma Sorority

Name of intended chapter of initiation:

Last Name: First Name: Middle Initial:

Date of Birth:

High School Attended Graduation Year

*****If you attend or attended a college or university*****

Classification: Freshman Sophomore Junior Senior Graduate Other

Major Minor

Cumulative GPA

Present Address _____

City _____ State _____ Zip _____

Permanent Address _____

City _____ State _____ Zip _____

Present Phone:

Cell Phone:

Work Phone:

E-Mail:

Name of Parent(s)/Guardian(s) _____

Address _____

City

State

Zip

Phone (1):

Phone (2):

Note: The following questions are to be answered completely and truthfully. (Be Thorough)

Plans after graduation (type of job, graduate school)

Do you hold membership in another organization? YES NO

If yes; what's the name of the organization and what are your duties?

Community/Campus Involvement(s):

Describe honors, related activities , and accomplishments:

Church Involvement(s):

Special Interests (art, music, drama, writing, etc.)

ESSAY QUESTION

Define Sisterhood and how it has shown up for you in your in your life:

Are you employed? YES NO

If yes, then please list day(s) and time below:

Please list your availability?

List day(s) and time below:

Are you a registered voter? YES NO

City County/Parish State

Two Letters of References: One Personal & One Professional

A false statement to any question on this application will be grounds for rating the applicant ineligible for membership consideration.

NOTE:

- This form must be completed in its entirety; signed by the applicant and accompanied by a signed Applicant Rights and Responsibilities Statement, and a Confidentiality Policy or this application will be considered null and void.
- All materials and information submitted becomes the property of Kappa Iota Sigma Sorority, therefore please maintain a copy of this application for your records.
- Membership will be extended only to those applicants receiving a majority vote of the chapter and approval of the 1st Supreme Anti-Basileus.

Refund Policy

Application Fees are not refundable. All other fees are refundable on a case by case basis.

I HEREBY CERTIFY that all statements made herein, and on any attachments are true and correct to the best of my knowledge. I also authorize any person(s) or organization(s) to supply information that is required by Kappa Iota Sigma Sorority.

Signature _____ Date: ____/____/____

FOR CHAPTER USE ONLY

Date Received ____/____/____ Verified By: _____ Date Verified ____/____/____

APPLICANT RIGHTS and RESPONSIBILITIES

This statement of the rights and responsibilities of those individuals who are applying for membership in Kappa Iota Sigma Sorority is for a dual purpose of:

1. Setting forth in a summary form, the fraternity's fundamental principles regarding the rights of an applicant to be free from harassment, whether by physical or mental abuse associated with hazing activities, by individual members or chapters of the fraternity during the Membership Intake Process and...
2. Correspondingly, the responsibilities and obligations of the applicant not to allow himself to be subjected to such abuse, nor to participate in any activity during which these abuse occur; and to report such abuse or occurrences forth-with to the sorority's Chapter officers, Chapter advisors, Regional officers, National Officers, and National Headquarters, as appropriate.

The Code of Conduct is embodied in this Applicant Rights and Responsibilities statement and sets forth the types of improper conduct on the part of sister, applicants, and candidates, which the sorority considers unacceptable. Such improper and unacceptable conduct is subject to the sanctions or fines or both determined by the National Executive Board.

The following are the types of conduct that are deemed as unacceptable and volatile of the fraternity's policies in connection with the Membership Intake Process.

1. Pre-initiation and/or underground activities are in violation of the sorority's most sacred trust. Underground is anything that is contrary to approved activities.
2. HAZING and abuse are expressly prohibited. These include, but are not limited to:
 - * PHYSICAL HAZING- Several examples are: paddling, beating, slapping, kicking, pushing, tearing clothes, disruption of hair styles and /or damage of hair, consumption of alcohol, use of drugs, forcing the use of alcohol, or drugs.
 - * EMOTIONAL/PSYCHOLOGICAL HAZING- Several examples are: any morally degrading, illegal, or indecent activity, or any type of activity that may be in violation of legal statutes.
3. Unapproved work and /or other activities; any road trip that would make it necessary for an applicant or candidate to travel extreme distances under hazardous conditions or any activity that would endanger an applicant or candidate.
4. Requiring any association with other organizations that would be demeaning and indecent.
5. Buying food, gifts, or personal items, etc. for chapter members or other sisters.

If an applicant for membership in the sorority allows himself to be the subject of such abuse, or participates in any activity, including the observation of the same, and/or fails to report such abuse to appropriate sorority officials: Chapter officers, Chapter advisors, Regional officers, National Officers, and National Headquarters; he may be barred from admission to membership in Kappa Iota Sigma Sorority.

Applicant's Signature _____ Date ____/____/____

Chapter Representative Signature _____ Date ____/____/____

Regional Officer Signature _____ Date ____/____/____

1st Supreme Anti Basileus _____ Date ____/____/____

*****Please forward application and notification of application fee to:**

KappaIotaSigmaSorority@gmail.com