SIGNATURE DOCUMENT
University of Nevada, Reno Relationship Agreement for the Recognition of Social Fraternities and Sororities
CALENDAR YEAR 2019

We, the undersigned, have read, understand, and shall comply with the University of Nevada, Reno Relationship Agreement for the Recognition of Social Fraternities and Sororities and shall share all of the undersigned policies with our general chapter membership regarding the terms and conditions of the official University of Nevada, Reno Relationship Agreement for the Recognition of Social Fraternities and Sororities for the 2019 calendar year.

Fraternal Organization: ________________________________ Chapter Designation: ____________

Chapter President (print): __________________________________________

President’s Signature: ____________________________ Date: ________________

Chapter Vice President (print): __________________________________________

Vice President’s Signature: ____________________________ Date: ________________

Chapter New Member Educator (print): __________________________________________

New Member Educator’s Signature: ____________________________ Date: ________________

Chapter Risk Manager (print): __________________________________________

Risk Manager’s Signature: ____________________________ Date: ________________

Chapter Advisor (print): __________________________________________

Advisor’s Signature: ____________________________ Date: ________________

University of Nevada, Reno Representatives:

Dr. Gerald Marczynski
Associate Vice President for Student Life, Student Services

__________________________________________ Date: ____________________________