



United Council of Christian Fraternities and Sororities, Inc.®

Membership Application

If you are applying for membership in the council please indicate your membership interest. The application fee is \$100. Please send application, all supporting documentation and fee to the address below. Do not send annual membership fee until you have been selected into the council.

Full Membership (\$1,000 per year)

There are seven full member slots available in the council. The Charter organizations of the UCCFS are Alpha Nu Omega, Inc.-Christian Fraternity and Sorority, Delta Psi Epsilon Christian Sorority, Inc., and Men of God Christian Fraternity, Inc. The Board of Presidents from the charter organizations shall review and select the additional four full members. Full Membership is defined as a Christian Fraternity or Sorority seeking consideration for membership in the UCCFS that meets all of the following criteria:

- A. Must be an active organization for at least seven (7) years
- B. Must be incorporated in the United States (must show proof)
- C. Have at least five (5) active chapters (can be a combination of undergrad, greater area and alumni)
- D. Have a total organization membership of at least 50 members (included alumni and/or active undergrad.)
- E. Be able to show proof of impact ministry (i.e. conference materials, brochures, etc.)

Associate Membership (\$300 per year)

Associate Membership is defined as a Christian Fraternity or Sorority that does not meet the qualifications of Full Membership (i.e. years of existence, active chapter, etc.) and desires to remain totally autonomous yet recognizes the benefit of working in cooperation with other Christian Fraternities and Sororities. Associate members may attend the UCCFS Convention and benefit from the training and development. Election to Associate Membership shall be by majority vote of the Executive Board. Associate Membership shall be without vote; however each president of member organizations shall have a voice on the Board of Presidents. The Board of Presidents serves in an advisory capacity to the Board of Directors.

Note: Application will not be processed if all information is not completely filled out. Please type or print legibly)

Primary Contact Information:

Main Contact Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Secondary #: _____

Email: _____

School Classification: _____

Organization Information:

___ Fraternity ___ Sorority ___ Both Location: _____

Name of Organization: _____

Organization Headquarters: _____ Website: _____

___ # of chapters ___ # of years incorporated ___ # of members

Is your organization represented by another organization? Yes/No Please indicate: _____

Please type or print, answering all questions:

- Have you previously applied for membership in the UCCFS? _____
- Are you at an institution where a full member of UCCFS already exists? _____

Organization Name

University

Please send the following supporting documentation with this application:

- Official letter of interest signed by your National Leader (i.e. National President, CEO, etc.)
- Corporate Resolution from meeting verifying vote to apply to join UCCFS
- Any brochures used by your organization
- Statement of Faith
- Organization's Hazing Policy
- Information on your spiritual covering
- IRS Determination Letter
- Articles of Incorporation (501C status)
- Certificate of good standing from your state of incorporation
- Corporate Structure
- Information pertaining to your orientation/intake requirements
- Materials pertaining to conferences and/or events
- Any additional documentation that will assist in the review process
- Affiliate Members: a letter from the organization you have petitioned to join, verifying your status

I declare by my signature below that:

1. I declare that I have the authority to submit this application and all supporting documentation.
2. I have read, understood and agree with the philosophy and purpose of UCCFS and believe this is the ministry in which God is leading my organization to.
3. To the best of my knowledge, all of the information in this application is true and complete. I also authorize you to make such inquiries into organizations related matters as may be necessary in arriving at an acceptance decision. I hereby release the council or persons acting under the authority of the council from all liability in responding to inquiries in connection with my application.

Signature of National Leader: _____ Date: _____

Print Name: _____ Title: _____

Send application to: UCCFS Headquarters, Attn: UCCFS Membership Committee - 6419 York Road, Baltimore, MD 21212.