



**PI MU PHI MILITARY SORORITY INC.  
CAROLINA QUEENS  
MEMBERSHIP INTEREST APPLICATION**

**DATE:** \_\_\_\_\_

**INITIAL**

**I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION ON THIS APPLICATION OR ATTACHMENTS WILL ELIMINATE ME FROM BEING CONSIDERED FOR MEMBERSHIP INTO PI MU PHI SORORITY, INC. BY SIGNING THIS FORM, I VERIFY THAT ALL THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT AT ANY TIME, PI MU PHI SORORITY, INC CAN RESCIND ANY RIGHTS OR PRIVILEGES TO AN APPLICANT BASED ON THE SUBMISSION OF FALSE INFORMATION OR DOCUMENTS.**

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**APPLICANT'S PERSONAL INFORMATION**

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**NAME:**  
**(FIRST, LAST MI)** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**MAILING STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **ALT NUMBER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

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**EMERGENCY CONTACT**

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**IN CASE OF EMERGENCY CONTACT:** \_\_\_\_\_

**RELATIONSHIP:** Other \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **ALT NUMBER:** \_\_\_\_\_

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**MILITARY SERVICE AFFILIATION**

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**BRANCH:** \_\_\_\_\_ **TIME IN SERVICE: YEARS:**  **MONTHS:**

**CURRENT STATUS:** \_\_\_\_\_

**IF OTHER PLEASE EXPLAIN:** \_\_\_\_\_

**IF VETERAN/RETIRED**  **DISCHARGE TYPE:** \_\_\_\_\_

**ENLISTMENT DATE:** \_\_\_\_\_ **DISCHARGE DATE:** \_\_\_\_\_

**DO YOU CURRENTLY HAVE ANY MILITARY DISCIPLINARY ACTIONS PENDING AGAINST YOU?**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**EMPLOYMENT INFORMATION**  
**(APPLICANTS WITHOUT AN ACTIVE-DUTY STATUS)**

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**CURRENT EMPLOYER:** \_\_\_\_\_

**CURRENT POSITION/TITLE:** \_\_\_\_\_

**LENGTH EMPLOYED:**

**YEARS:**

**MONTHS:**

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**CRIMINAL HISTORY**

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**HAVE YOU EVER BEEN CONVICTED OF A FELONY UNDER THE NAME ON THIS APPLICATION OR UNDER ANY OTHER NAME?**

**YES**

**No**

**IF YOUR ANSWER IS YES, PLEASE EXPLAIN:**

**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR UNDER THE NAME ON THIS APPLICATION OR UNDER ANY OTHER NAME?**

**YES**

**NO**

**IF YOUR ANSWER IS YES, PLEASE EXPLAIN:**

**IN THE EVENT, UPON ACCEPTANCE AS A MEMBER OF PI MU PHI MILITARY SORORITY, INC. IF ANYTHING SHOULD CHANGE CONCERNING YOUR CRIMINAL RECORD, THE COMPLIANCE OFFICER MUST BE NOTIFIED WITHIN 24 HOURS OF THE ALLEGED CHARGE AND NOT THE CONVICTION.**

INITIAL
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**ONCE THE FINAL DISPOSITION OF THE CASE HAS BEEN REACHED, THE COMPLIANCE OFFICER MUST BE NOTIFIED OF THE RESULTS WITHIN 24 HOURS.**

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**REFERENCES**

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**PROFESSIONAL**

**NAME:**  
(FIRST, LAST)

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**EMAIL:**

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**PHONE:**

**LENGTH KNOWN:**

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**PERSONAL**

**NAME:**  
(FIRST, LAST)

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**EMAIL:**

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**PHONE:**

**LENGTH KNOWN:**

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## MISCELLANEOUS INFORMATION

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**1. WERE YOU REFERRED BY A MEMBER OF PI MU PHI MILITARY SORORITY?**

YES

NO

**NAME OF MEMBER WHO REFERRED YOU.**

**2. ARE YOU CURRENT A MEMBER OF ANOTHER NON-PROFIT ORGANIZATION?**

YES

NO

**IF YES, WHICH ORGANIZATION?**

**3. HAVE YOU EVER BEEN AFFILIATED WITH ANY OTHER MGLO?**

YES

NO

**IF YES, WHICH ORGANIZATION?**

**a. ARE YOU CURRENTLY AN ACTIVE MEMBER?**

(IF YOU ANSWER YES, YOU ARE REQUIRED 2 YEARS SINCE LAST ACTIVE STATUS TO APPLY FOR MEMBERSHIP WITH PMP)

YES

NO

**IF YES, WHEN WAS YOU LAST ACTIVE?**

**b. HAVE YOU PREVIOUSLY APPLIED FOR MEMBERSHIP INTO OR ATTEMPTED TO PLEDGED ANOTHER MILITARY SORORITY??**

YES

NO

**IF YOU ANSWERED YES, PLEASE NAME THE SORORITY/SORORITIES AND EXPLAIN WHY YOU DID NOT CONTINUE TO PURSUE MEMBERSHIP OR DISCONTINUED THE PROCESS WITH THAT SORORITY/SORORITIES?**

**4. ARE YOU A MEMBER OF COLLEGIATE GREEK ORGANIZATION?**

**YES**

**NO**

**IF YES, WHICH ORGANIZATION?**

**a. ARE YOU CURRENTLY AN ACTIVE MEMBER?**

**YES**

**NO**

**I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE. I AUTHORIZE THE VERIFICATION OF THE INFORMATION PROVIDED ON THIS FORM AS TO MY MILITARY SERVICE, EMPLOYMENT, AND MY OVERALL CHARACTER AND DEPENDABILITY, AS IT PERTAINS TO MY APPLICATION FOR MEMBERSHIP. IF MY APPLICATION IS APPROVED, I SHALL CONFORM TO THE MEMBERSHIP PRACTICES OF THE ORGANIZATION. I UNDERSTAND THAT ANY FEES PAID TO NATIONAL HEADQUARTERS ARE NON-REFUNDABLE. I UNDERSTAND THAT FALSIFYING OR WITHHOLDING INFORMATION ON THIS APPLICATION IS PROHIBITED AND SUCH ACTIONS SHALL DEEM MY APPLICATION REJECTED AND I MAY BE PERMANENTLY BANNED FROM MEMBERSHIP IN PI MU PHI MILITARY SORORITY, INCORPORATED**

**SIGNATURE OF CANDIDATE**

**DATE**

**NON-HAZING POLICY (SUMMARIZED VERSION)**

**PI MU PHI MILITARY SORORITY, INCORPORATED, HAS A STRICT POLICY AGAINST HAZING AND THAT ANY FORM OF HAZING IS ILLEGAL. ANY CANDIDATES OR MEMBERS PARTICIPATING IN HAZING IS SUBJECT TO DISCIPLINARY ACTION. ANY ACTION OR SITUATION WHICH RECKLESSLY OR INTENTIONALLY ENDANGERS THE MENTAL OR PHYSICAL HEALTH OR SAFETY OF A PROSPECTIVE MEMBER OR WHICH WILLFULLY DESTROYS OR REMOVES PUBLIC OR PRIVATE PROPERTY FOR THE PURPOSE OF INITIATION OR ADMISSION INTO OR AFFILIATION WITH, OR AS A CONDITION FOR CONTINUED MEMBERSHIP IN, PMP. PI MU PHI MILITARY SORORITY, INCORPORATED, REQUIREMENT IS THAT THOSE INTERESTED IN MEMBERSHIP IN THE SORORITY WILL SUPPORT OUR POLICY AGAINST HAZING, HARASSMENT AND/OR HUMILIATION OF ANY KIND. I, \_\_\_\_\_,**

**(NAME OF CANDIDATE) ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND WILL ABIDE BY THE POLICY OF PI MU PHI MILITARY SORORITY, INCORPORATED, WHICH FORBIDS HAZING.**

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**SIGNATURE OF CANDIDATE**

**DATE**

**PRIVACY STATEMENT (SUMMARIZED VERSION)**

**IT IS THE POLICY OF THE SORORITY THAT INITIATION ACTIVITIES FOR MEMBERSHIP IN THE SORORITY ARE DESIGNED FOR THE SOLE PURPOSE OF CREATING HARMONY AND SISTERHOOD AMONG THE PERSONS SO INVOLVED AND INSTRUCTING THEM IN THE PRINCIPLES OF THE SORORITY FOUND IN ITS CONSTITUTION, HISTORY AND TRADITIONS. YOU ALSO AGREE TO ADHERE TO OUR PRIVACY (NONDISCLOSURE) POLICY, AND AGREE TO NOT DISCLOSE, DURING THE TERM OF YOUR CANDIDACY, AFFILIATION OR MEMBERSHIP AND ANY TIME THEREAFTER, ANY CONFIDENTIAL INFORMATION BELONGING TO PI MU PHI MILITARY SORORITY, INC. THIS INCLUDES BUT IS NOT LIMITED TO ANY AND ALL CONFIDENTIAL INFORMATION REGARDING MEMBERS, CANDIDATES, AFFILIATES, APPLICANTS, PLEDGE PROCESS TASKS, OFFICIAL INITIATIONS CEREMONIES & ALL CONFIDENTIAL BUSINESS AFFAIRS OF PI MU PHI MILITARY SORORITY, INC. YOU FURTHER AGREE THAT ALL CORRESPONDENCE, BE IT MEMBERSHIP APPLICATIONS, ACCOUNT INFORMATION, FILES OR OTHER MATERIALS CONCERNING THIS SORORITY SHALL BELONG TO AND REMAIN THE EXCLUSIVE PROPERTY OF PI MU PHI MILITARY SORORITY, INC. NO PART OF PHI MU PHI MILITARY SORORITY, INC. PRINCESS PROCESS OR SORORITY PUBLICATIONS MAY BE REPRODUCED IN ANY FORM WITHOUT THE EXPRESSED PERMISSION OF PI MU PHI MILITARY SORORITY, INC. REDISTRIBUTION OF SORORITY PUBLICATION IS PROHIBITED WITHOUT EXPRESSED WRITTEN PERMISSION. IF BREACHED, YOU UNDERSTAND THAT PI MU PHI MILITARY SORORITY, INC. MAY SEEK LEGAL RETRIBUTION**

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**SIGNATURE OF CANDIDATE**

**DATE**

**BACKGROUND CHECK**

**AS PART OF THE MEMBERSHIP APPLICATION PROCESS, PI MU PHI MILITARY SORORITY, INC WILL CONDUCT A BACKGROUND CHECK ON YOU. SUCH A PROCESS REQUIRES YOUR PERMISSION FOR PI MU PHI MILITARY SORORITY, INC TO OBTAIN A BACKGROUND CHECK FROM A REPORTING AGENCY. YOU WILL BE RESPONSIBLE FOR THE COST ASSOCIATED WITH OBTAINING YOUR BACKGROUND WHICH IS**

PI MU PHI Military SorORITY, INC  
CAROLINA QUEENS  
88 Citadel St. Cameron NC 28326, United States

**INCLUDED IN YOUR MEMBERSHIP FEE. YOUR REPORT MAY INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING INFORMATION: CONSISTENT WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS THAT INCLUDE OBTAINING INFORMATION ON CONVICTIONS AND/OR PENDING PROSECUTIONS. I, \_\_\_\_\_, (NAME OF CANDIDATE) HEREBY AUTHORIZE PI MU PHI MILITARY SORORITY, INC TO CONDUCT A BACKGROUND CHECK AND TO INVESTIGATE MY QUALIFICATIONS AS THEY RELATE TO MY BECOMING A MEMBER IN THE ORGANIZATION FOR WHICH I AM APPLYING. I UNDERSTAND THAT PI MU PHI MILITARY SORORITY, INC MAY UTILIZE AN OUTSIDE FIRM OR FIRMS TO ASSIST IN CHECKING SUCH INFORMATION. I SPECIFICALLY AUTHORIZE SUCH AN ASSESSMENT BY INFORMATION SERVICES AND OUTSIDE ENTITIES OF PI MU PHI MILITARY SORORITY, INC'S CHOICE. I AGREE TO RELEASE AND HOLD HARMLESS PI MU PHI SORORITY, INC FROM ANY AND ALL LIABILITY WITH RESPECT TO RECEIPT OF SUCH INFORMATION AND ACKNOWLEDGE THAT PI MU PHI MILITARY SORORITY, INC IS RELYING ON THIRD PARTY INFORMATION AND, THEREFORE, RELEASE PI MU PHI MILITARY SORORITY, INC, ITS AFFILIATES, REGIONS, CHAPTERS, AND THEIR RESPECTED AGENTS, OFFICERS, AND EMPLOYEES FROM ANY AND ALL LIABILITY ARISING OUT OF ERRORS OR OMISSIONS. I UNDERSTAND IT IS THE RESPONSIBILITY OF ALL THOSE APPLYING TO CORRECT AND UPDATE NEGATIVE OR CONFLICTING INFORMATION FOUND ON THEIR BACKGROUND CHECK AND THAT THERE IS NO APPEAL PROCESS. I ALSO UNDERSTAND THAT I MAY WITHHOLD MY PERMISSION. IN SUCH A CASE, NO INVESTIGATION WILL BE DONE AND MY APPLICATION FOR MEMBERSHIP MAY NOT BE PROCESSED FURTHER.**

**SIGNATURE OF CANDIDATE**

**DATE**

**FOR NATIONAL USE ONLY**

<b>Date Rcvd:</b> ___/___/___	<b>Interviewed:</b> ___/___/___	<b>Ref Check:</b> ___/___/___
<b>Application Status:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending Verification		
<b>Incomplete Application</b> <input type="checkbox"/> <b>Rescinded Application</b> <input type="checkbox"/>		
<b>Agreement to Background Check:</b> Yes ___ No ___ <b>Anti-Hazing:</b> Yes ___ No ___		
<b>Privacy:</b> Yes ___ No ___		
<b>Had applicant attempted to apply to PMP before:</b> Y / N if yes, year		
<b>E-mail Reply sent:</b> ___/___/___ <b>Interview Date e-mail sent</b> ___/___/___		
<b>Invite e-mail sent:</b> ___/___/___ <b>Membership Fee Rcvd:</b> ___/___/___		



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## REQUIRED DOCUMENTS

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### **YOUR APPLICATION IS NOT COMPLETE UNLESS IT INCLUDES THE FOLLOWING DOCUMENTS:**

- ✓ COMPLETE MEMBERSHIP APPLICATION
- ✓ ALL APPLICANTS WILL SUBMIT 2 REFERENCES. (1 PROFESSIONAL AND 1 PERSONAL)
- ✓ PROOF OF MILITARY SERVICE:
  - **ACTIVE-DUTY APPLICANT WILL SUBMIT:** MILITARY ORDERS OR VERIFY USING THE SERVICEMEMBER CIVIL RELIEF ACT WEBSITE [HTTPS://SCRA.DMDC.OSD.MIL](https://scra.dmdc.osd.mil) (HIDE SSN/BENEFITS NUMBER PRIOR TO SUBMITTING)
  - **RETIREE'S/VETERANS APPLICANT WILL SUBMIT:** PLEASE SUBMIT ONE OF THE FOLLOWING AS PROOF OF YOUR MILITARY SERVICE: DD214 /NGB22 (HIDE SSN/BENEFITS NUMBER PRIOR TO SUBMITTING) OR MILITARY DISCHARGE CERTIFICATE

### **SUBMIT MEMBERSHIP APPLICATION WITH ALL REQUIRED DOCUMENTS TO:**

#### ***VIA EMAIL***

[CAROLINAQUEENS@PIMUPHILMILITARYSORORITY.COM](mailto:CAROLINAQUEENS@PIMUPHILMILITARYSORORITY.COM)

#### ***VIA MAIL***

CAROLINA QUEENS  
ATTN: MEMBERSHIP  
88 Citadel St. Cameron NC 28326

**WAIT 48-72 HOURS TO VERIFY OUR RECEIPT OF APPLICATION.**

ONCE THE APPLICATION IS RECEIVED OUR MEMBERSHIP COMMITTEE WILL REVIEW YOUR APPLICATION FOR CANDIDACY.

IF APPROVED, YOU WILL RECEIVE A NOTIFICATION VIA E-MAIL AS TO YOUR NEXT STEPS IN THE PROCESS

PI MU PHI Military Sorority, INC  
CAROLINA QUEENS  
88 Citadel St. Cameron NC 28326, United States