**GUIDELINES CERTIFICATION STATEMENT**

 (Certifies Member Responsibility Guidelines were presented to 90% of the chapter)

College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of attendees:

Chapter designation: \_\_\_\_\_\_ Total chapter membership:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Percentage in attendance:

**By signing this statement, I verify I was in attendance at a chapter meeting on the above date where the Member Responsibility Guidelines and the Code of Conduct were presented. In addition, I verify the Delta Tau Delta Fraternity Claims & Dispute Resolution Plan, available on the Fraternity website at** [**http://image.exct.net/lib/fe6e1570766504757615/m/1/DisputeResolutionPlanRules.pdf**](http://image.exct.net/lib/fe6e1570766504757615/m/1/DisputeResolutionPlanRules.pdf) **was discussed, and I accept the terms of the Plan by accepting or continuing my membership in Delta Tau Delta Fraternity.**

 **Name Printed Signature**

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\*\*\*\*\* If additional space is needed, please make a copy of this form or use the backside of this page to list additional members in attendance.

**\*\*\*OPTIONAL\*\*\***

**THE CHAPTER REVIEWED THE CODE OF CONDUCT WITH ALL MEMBERS AND HAS A SIGNED COPY ON FILE FOR ALL THE MEMBERS WHO HAVE SIGNED THIS FORM**

 **ADVISOR INITIALS:**

# **LOWER PORTION OF THIS FORM TO BE COMPLETED BY CHAPTER PRESIDENT AND PRESENTER OF PROGRAM (ALUMNUS DESIGNATED BY DIVISION PRESIDENT-CANNOT BE AN UNDERGRADUATE)**

I certify the members of Delta Tau Delta listed on this page were in attendance of this Fraternity approved risk management presentation that included the Member Responsibility Guidelines (MRG) and the Fraternity’s stance against hazing, and that 90% of the chapter members and pledges were in attendance for the entire presentation.

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Signature, Chapter President Name (please print)

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Signature, Chapter Advisor or designated alumnus Name (please print)

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_