

**DELTA TAU DELTA CODE OF CONDUCT
CERTIFICATION STATEMENT**

(Certifies Code of Conduct was presented to 90% of the chapter)

College/University: _____
Chapter designation: _____
Date: _____

Number of attendees: _____
Total chapter membership: _____
Percentage in attendance: _____

By signing this statement, I verify I was in attendance at a chapter meeting on the above date where the Code of Conduct were presented. I understand and I accept the terms of the Code of Conduct by accepting or continuing my membership in Delta Tau Delta Fraternity.

<u>Name Printed</u>	<u>Signature</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____

***** 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.

Signature, Chapter President _____ Name (please print) _____

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