

University of Rhode Island  
Panhellenic Association

Continuous Open Bid Acceptance  
Binding Agreement

Name \_\_\_\_\_ URI Student ID # \_\_\_\_\_  
(Print Name) Year in School 1 2 3 4 5  
(Please Circle)

*By signing this acceptance agreement, I understand and agree to the following conditions:*

- 1. I accept the invitation of \_\_\_\_\_  
(Sorority Chapter Name)  
to become a new member of its chapter at the University of Rhode Island.*
- 2. I attest that I am not an initiated member of any other National Panhellenic Conference member group. If it is found that I am an initiated member of any other National Panhellenic Conference member group, I forfeit my bid to the above chapter.*
- 3. I understand that by signing this acceptance agreement I may not accept an invitation to become a new member of any other chapter at the University of Rhode Island for one calendar year.*

*Please initial:* \_\_\_\_\_

*Signed* \_\_\_\_\_ *Date* \_\_\_\_\_  
(New Member Signature)

*Witness* \_\_\_\_\_  
(Chapter President Signature)

*Witness* \_\_\_\_\_  
(New Member Educator Signature)

*This form must be filed with the Panhellenic Advisor in the Office for Student Life, Greek Affairs within 24 hours of the date listed above.*