



PSI OMEGA FRATERNITY
(Pledge Form)

I, the undersigned, in signing this pledge of Psi Omega Fraternity, do declare upon my honor that I have never been pledged to any Greek Letter Dental Fraternity, and if initiated into this Fraternity, do bind and obligate myself never to become a member of any other Greek Letter Dental Fraternity.

I do hereby agree to accept and wear the regular pledge button of Psi Omega Fraternity.

I understand that this pledge indicates on my part a choice of dental fraternities.

This pledge is in no way to affect my attitude toward or association with members of other dental fraternities.

I accept this pledge and these obligations fully realizing the consequences and importance of this act and in proof thereof affix my signature.

Signature _____ Date _____

Chapter : Upsilon Nu By whom pledged: _____

Note: Your Deputy Councilor must immediately be notified of this pledge after which it must be attached to the application and forwarded with initiation fee (\$60.00) to the CENTRAL OFFICE:

**PSI OMEGA FRATERNITY
National Council
1040 Savannah Highway
Charleston, SC 29407
(843) 556-0573**