PI LAMBDA PHI

**BROTHERHOOD AGREEMENT**

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

SEMESTER / SCHOOL YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Between Brother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter of Pi Lambda Phi Fraternity.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a brother of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter of Pi Lambda Phi Fraternity at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(school), am aware that the brotherhood dues for the period of time referenced above are $\_\_\_\_\_\_\_\_\_. I am also aware that these dues are to be paid in full by\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I realize that if I go inactive during this period of time that I am still responsible for the full payment of said dues. I also agree to reimburse the Fraternity for any costs associated to the collection of these dues, including reasonable attorney fees.

I further realize that legal recourse may be brought against me for collection of these dues if not paid in full by the above date, without prior written notice to me.

Signatures:

Brother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Rex \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

KOE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_