

Alpha Phi Omega

NATIONAL SERVICE FRATERNITY

ANNUAL ALUMNI ASSOCIATION RECOGNITION FORM



Region: _____ Date: _____ Year of Recognition: _____ *Due Annually by May 15*

Name of Alumni Association: _____

Mailing Address:

Street/P.O. Box _____

Zip Code _____ State _____ City _____

Phone Number _____ Web site URL _____

Email _____

Contact Person: _____ Email: _____ Phone: _____

List All Officers: (use additional sheets as necessary)

Member #	Full Name	Office	Address	Phone #	Email

- ☐ Recognition Form Enclosed
☐ Roster of Members Enclosed
☐ \$25.00 Annual Fee Enclosed (*Due yearly by May 15th*)
☐ Alumni Association Bylaws Enclosed
☐ Signed Risk Management Form Enclosed
☐ EIN# (*You must apply for this AFTER you receive your approval letter from Nationals.*)

RETURN FORM TO:

Alpha Phi Omega
14901 East 42nd Street
Independence, MO 64055-6347

National Bylaws and Standard Articles of Association

ARTICLE XII-ALUMNI

SECTION 2. LOCAL ALUMNI ASSOCIATION.

Each recognized local Alumni Association shall annually reaffirm its recognition by January 15 by application to the National Alumni Relations and Internal Volunteer Development Committee. New Associations may apply for recognition at any time. Initial recognition for an Alumni Association or annual reaffirmation of recognition shall consist of the filing of the required forms with the National Alumni Relations and Internal Volunteer Development Committee. Recognition must be certified or rejected by the National Alumni Relations and Internal Volunteer Development Committee within one month from receipt of the properly prepared forms. The fee for formal recognition will be twenty-five (\$25) dollars. The minimum requirements for initial recognition will be no fewer than five alumni members. Additional requirements for alumni associations may be established at the discretion of the National Alumni Relations and Internal Volunteer Development Committee with majority approval of the National Board of Directors.

PLEASE LIST ALL MEMBERS BELOW

	National #	Full Name	Personal Mailing Address	Personal Email
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Alpha Phi Omega
National Service Fraternity
Compliance of Risk Management Policies

Alpha Phi Omega places a high value on the dignity and worth of a human being. Therefore, I, the undersigned, have read the Risk Management Policies of Alpha Phi Omega. I hereby affirm my acknowledgment of these Risk Management Policies and its recognition that noncompliance of any of these policies has no place in Alpha Phi Omega.

President

Alumni Association Name

Date _____

* * * * *

The complete RM policy may be found online at: <http://www.apo.org>

All Officers & Volunteers must sign in adherence to this policy.

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