

LIFE MEMBERSHIP ENROLLMENT

Alpha Phi Omega, 14901 E. 42nd Street, Independence, Missouri 64055

I am a member of Alpha Phi Omega in good standing. I wish to enroll as a Life Member, and herewith I submit my:

\$50.00 (undergraduate) or \$100.00 (alumni) fee.

Please type or print legibly. This is your permanent record.

First Name _____ MI _____ Maiden _____ Last _____

Email Address _____

Full name as desired on membership certificate _____

Permanent address _____

Present address _____

Chapter _____ College _____

Graduation year _____ Major/Degree _____ Position/Profession _____

I understand that I will receive my Life Membership I.D. card, wall certificate, pin, and Torch and Trefoil upon complete payment.

Date _____ Amount Paid _____ Cash/Check _____ Received by _____