

Application Received

Certificate Issued

Chapter Number

National Number



Alpha Phi Omega REGISTRATION FOR CHAPTER ADVISORS OR HONORARY MEMBERS

14901 E. 42nd STREET
INDEPENDENCE, MO 64055

(Note: Honorary Membership cannot be conferred on undergraduates.)

(Please fill out two copies - yellow for national records, blue for chapter records.)

To the National Fraternity:

I hereby accept the invitation of _____ Chapter of the Alpha Phi Omega National Service Fraternity to serve as an _____ member. I am in agreement with the purposes, programs, policies, and obligations of this National Service Fraternity. Transmitted herein is the \$25.00 fee for Honorary membership. (There is no fee for Advisory membership.)

Date _____ Signature _____

INFORMATION FOR THE NATIONAL OFFICE

(TYPE OR PRINT LEGIBLY)

Full Name as desired on Membership Certificate _____

Office Address _____

Home Address _____

Telephone (_____) _____ City _____ State _____ Zip Code _____ E-mail: _____

Profession or Business _____ Previous APO Affiliation, if any _____

To be filled in by the Chapter. This is to certify that _____ chapter has chosen _____ to serve in this chapter as a (check one below)

Faculty or Administration Advisor Scouting or Youth services Advisor Community Advisor Honorary Member (\$25.00 fee)

The official ritual (will be) (has been) administered on the _____ day of _____, 20____.

Certified by _____ Chapter President or Vice President

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FOR NATIONAL RECORDS

CHAPTER COPY