Founded in 1942

Affiliated with the Academy of Criminal Justice Sciences

Member of the Association of College Honor Societies

MEMBERSHIP TRANSFER FORM

Name:		
Current Address:		
City:	State:	Zip Code:
Phone #:	E-mail:	
Name of University/College student was inducted into Alpha Phi Sigma:		Attach copy of the member's certificate received when inducted.
Month & Year of induction:		
Name of University/College into which member is transferring:		
Name of Chapter Advisor into which member	r is transferri	ng:
Chapter Advisor's signature:		
The following is not necessary; however if the the "new" chapter and University/College, the		ishes to order a new membership certificate with nust be completed:
New Certificate \$ 10.00	Alpha Phi Sigma Membership Pin \$ 15.00	
Name of University/College:		Chapter Greek Name:
Name of student as it should appear on the cer	rtificate:	
MAIL APPLICATION TO:		ACCEPTED PAYMENTS:
ALPHA PHI SIGMA NATIONAL HEADQUART	ΓERS	Cashier's Check, Money Order, University/
NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVENUE		College Check, Chapter Check.
FORT LAUDERDALE, FLORIDA 33314		NO PERSONAL CHECKS OR CASH
NATION	NAL HEAD	QUARTERS USE ONLY
Date Received:	Payment Type & #:	
Date Sent:	Date Entered:	
Notes:		