



Alpha Phi Sigma

The Criminal Justice Honor Society
 Member of the Association of College Honor Societies
 Affiliated with the Academy of Criminal Justice Sciences

Honor Regalia Form (CANADA)

Order form must be used to order regalia. Chapter advisor must complete, sign, and mail form to headquarters with payment.

Advisor's Name:

University:

Chapter Name:

Shipping Address:

City:

State:

Zip Code:

E-mail Address:

Phone Number:

Date Regalia is Needed:

| Stole | Cord | Medallion | 3-Pcs. | Student's Name (Please give name on membership certificate) | Membership Date | Total |
|-------|------|-----------|--------|---|-----------------|-------|
| \$35 | \$20 | \$25 | \$76 | | | |

Accepted Payments: Cashier's Check, Money Orders, University or Chapter Check.

* Please note, we do NOT accept personal checks.

Advisor may, in certain instances, pay for entire order with university or chapter debit/credit card. Headquarters must first receive completed and signed form. Then, the advisor should contact Headquarters to make one single payment. No more than one credit card will be accepted. Order must be paid in full prior to shipping.

Shipping & Handling Canada

| | |
|--------------------------|--------------------------|
| Up to \$100 = \$25 | \$300.01 to \$400 = \$50 |
| \$100.1 to \$200 = \$35 | \$400.01 to \$600 = \$60 |
| \$200.01 to \$300 = \$40 | \$600.01 and up = \$70 |

**NO EXPEDITED ORDERS
ALLOW 3-4 WEEKS FOR PROCESSING AND DELIVERY**

Sub Total

S & H

Tax (FL)

Amount Paid

Honor Regalia will ONLY be shipped to chapter advisor to the address on record. Advisor is responsible for receipt and distribution of regalia. Please order with enough time for delivery.

** No exchanges or returns on Honor Regalia.

** Delivery is approximately 3 weeks from receipt and approval of order form.

Mail Form and Payment to:

Regular Mail:
 Alpha Phi Sigma
 Criminal Justice Honor Society
 P.O. Box 292405
 Davie, FL 33329-2405

Express Mail:
 Alpha Phi Sigma
 Nova Southeastern University
 3301 College Avenue
 Ft. Lauderdale FL 33314

Print Advisor's Name:

Advisor's Signature - Original in Ink:

Form MUST be signed by Advisor

Date:

Headquarters use ONLY:

Date Received

Payment Type /Check No.

Invoice No.

Date Shipped