



# Omega Psi Phi Fraternity, Inc.

## Recommendation for Membership

**To the Applicant:** Complete this portion of the form. Then give the form to one of the individuals who will write a recommendation for you. Provide a stamped, self-addressed envelope to that individual. The Chairman of the Regional Membership Intake Team will provide the address to which the recommendation is to be sent when completed.

Applicant Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

**To the Recommender:** Please answer the following questions concerning the above named applicant:

1. How long have you known the applicant? (Yrs/Mos) \_\_\_\_\_
2. Under what circumstances have you known the applicant? \_\_\_\_\_
3. Give specific examples of occasions where the applicant displayed leadership ability. Provide some details. \_\_\_\_\_
4. Based on your personal knowledge and involvement with the applicant, provide specific example of his service to the community and/or university. \_\_\_\_\_
5. Provide any other information that you feel will provide additional insight into the following aspects of the applicants' character: integrity, maturity and responsibility. \_\_\_\_\_

Recommender's Name (Type or Print) \_\_\_\_\_

Title/Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Control/Membership No.(If member of Fraternity) \_\_\_\_\_

Expiration Date \_\_\_\_\_