## **FACULTY MEMBERSHIP APPLICATION**

APPLICATION MUST BE TYPED

First Name:				
Middle Name:				
Last Name:				
Address:			Apt #:	
City:	State	»:	Zip Code:	
Email Address:		Phone #:		
Month and Year you beca	ame a Faculty at the pres	ent University:		
Your Name as it Should A	Appear on the Membersh	ip Certificate:		
Please	e include a brief resume	e/cv with your app	olication	
Chapter Advisor's Name:				
Chapter Greek Name:				
University Name:				
Chapter Address:				
Email Address:		Phone #:		
Chapter Advisor's Signature:		Date:		
Faculty and administration involvem administrators in a criminal justice re of one year teaching/administrative of Membership applications shall be ap	elated field unless the college duties at the college where the	primarily uses Adjunctly are inducted and be	et faculty. They must have concluded by majority vote dur	ompleted a minimum ing a regular meeting.
Application must be accompanied by Chapter Check payable to ALPHA PTo submit a credit card payment, p	PHI SIGMA. Do not send casl	n or personal check.		
Mail a	application and payment to:	<b>Regular Mail:</b> Alpha Phi Sigma	Express or Certified Mail: Alpha Phi Sigma	
Email application to Headq	uarters@alphaphisigma.org	P.O. Box 292405 Davie, FL 33329-2405	Nova Southeastern University 3300 S. University Dr., Ft. Lauderdale, FL	
	FOR HEADQUAI	RTERS USE OI	NLY	
Date Received:				Daid
Payment Type:		Paid		
Date Scanned:	Date Entered:	Date Shipped:		
Executive Director's Signature:		Da	te:	