

Alpha Phí Sigma

The Criminal Justice Honor Society

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

Faculty Membership Application

APPLICATION MUST BE TYPED (Editable Form)
ALL FIELDS MUST BE COMPLETED, UNLESS LISTED AS OPTIONAL

First Name:			
Middle Name:			
Last Name:			
Address:			
City:	State	Zip Code:	
Email Address:		Phone #:	
Month and Year you beca	ame a Faculty at the prese	ent University:	
Your Name as it Should A	Appear on the Membersh	ip Certificate:	
Please	e include a brief resume	cv with your application	
Chapter Advisor's Name:			
Chapter Greek Name:			
University Name:			
Chapter Address:			
Email Address:		Phone #:	
Chapter Advisor's Signature:		Date:	
administrators in a criminal justice minimum of one year teaching/ad	e related field unless the colleg ministrative duties at the colleg	uraged. Candidates for membership musge primarily uses Adjunct faculty. They ge where they are inducted and be elect d signed by the chapter advisor, submitt	must have completed a ed by majority vote during
Mail Form and Payment to:	Regular Mail:	Express or Certified Mail:	
	Alpha Phi Sigma	Alpha Phi Sigma	
	P.O. Box 292405	Nova Southeastern Universit	ty
	Davie, FL 33329-2405	3300 S. University Dr. Ft. Lauderdale, FL 33328-200	M
		1 t. Lauderdaic, 1 L 33320-200	91
payable to: ALPHA PHI SIGMA. I	Do not send cash or personal c	Ioney Order, University Check or Alpha heck. arters@alphaphisigma.org and reques	
Headquarters Use Only:			
Date Received	Payment Type & #	Date Entered	Date Sent
Executive Director's Sig	gnature:	Date:	