

HUNUKAKY	MEMBERSHIP APP	LICATION	
ABOUT APPLICANT	APPLICATION MUST BE TYPED		
Please include a brief resume/CV with this application.			
First Name:	Middle Name:		
Last Name:			
Address:	Apt #:		
City:	State:	Zip Code:	
Phone:	Email:		
Current Employer:			
Name as it Should Appear on the Certificate:			
ABOUT THE CHAPTER			
Chapter Advisor Name:]	Phone:	
University Name:			
University Address:			
Chapter Greek Name:	Email:		
Advisor Signature:		Date:	
Requirement: Honorary membership recognizes commu	nity people who have made distinc	tive scholarly and research contributions to	th

criminal justice field or who have provided outstanding support for the chapter. Honorary Members may not be students. The Chapter Advisor shall approve nominations. Honorary Members must be elected by a 2/3 vote of the chapter. They may elect Honorary Members during a regular meeting. Membership applications shall be approved and signed by the chapter advisor, submitted to and accepted by Headquarters.

Application must be accompanied by a \$85 payment in the form of a Cashier's Check, Money Order, University Check or Alpha Phi Sigma Chapter. Check payable to: **ALPHA PHI SIGMA.** Do not send cash or personal check.

To submit a credit card payment, please e-mail form to headquarters@alphaphisigma.org and request an invoice.

Mail Form and Payment to: **Express or Certified Mail:** Regular Mail: Alpha Phi Sigma Alpha Phi Sigma Email application to Headquarters@alphaphisigma.org P.O. Box 292405 Nova Southeastern University Davie, FL 33329-2405 3300 S. University Dr., Ft. Lauderdale, FL 33328-2004

FOR HEADQUARTERS USE ONLY

PAID Date Received: Payment Type:

Date Entered: Date Scanned: Date Shipped:

Date: Executive Director's Signature: