

## Alpha Phi Sigma

## The Criminal Justice Honor Society

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

## **Honorary 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:		
Phone:					
Email Address:					
Current Place of W	ork:				
Your Name as it Sh	ould Appear on the Certific	ate:			
	Please include a brief	resume/cv with your a	pplication		
Chapter Advisor's N	Name:				
Chapter Greek Nan	ne:				
University Name:					
Chapter Address:					
Phone Number:					
Email Address:					
Chapter Advisor's Signature:			Date:		
the criminal justice field or v Chapter Advisor shall approv	who have provided outstanding surve nominations. Honorary Member	pport for the chapter. Hono ers must be elected by a 2/3	active scholarly and research contributions rary Members may not be students. The vote of the chapter. They may elect Hono d by the chapter advisor, submitted to and	rary	
Mail Form and Payment to:	Regular Mail:	Express or Certifi	ed Mail:		
	Alpha Phi Sigma P.O. Box 292405	Alpha Phi Sigma Nova Southeastern	University		
	Davie, FL 33329-2405		Dr., Ft. Lauderdale, FL 33328-2004		
PHI SIGMA. Do not send cash		•	Alpha Phi Sigma Chapter Check payable to: Al	L <b>PH</b> A	
Headquarters Use Only:					
Date Received:	Payment Type & #	Date Ente	red: Date Sent:		
Executive Director's Signature:		Date:			