

# **Alpha Phi Sigma Chapter Charter Application Instructions**

Colleges or Universities offering a baccalaureate or higher degrees in the field of Criminal Justice or related fields\* and that are accredited by one of the following regional accrediting associations listed below, may apply for a chapter.

- American Bar Association
- Higher Learning Commission (previously the North Central Association of Colleges)
- Middle State Association of Colleges and Schools
- New England Association of Schools and Colleges
- New England Commission of Higher Education
- Northwest Commission on Colleges and Universities
- Southern Association of Colleges and Schools
- Western Association of Schools and Colleges

\*"Related Fields" refer to various disciplines related to the Criminal Justice field, such as, forensics, law, homeland security, human services, political sciences, sociology, justice studies, psychology, public administration, social sciences, government, and social work. Students in these programs must complete a minimum of four courses directly related to the criminal justice field such as juvenile delinquency, criminology, legal perspectives, abnormal behavior, service administration/management, etc. All with a minimum of a 3.2 GPA.

Colleges or universities must have a minimum of ten (10) members to charter a chapter. The charter application must be accompanied by the by-laws of the chapter and a list of chapter members and identify the following officers: President, Vice-President, Secretary and Treasurer.

#### **Chapter Employer Identification Number (EIN)**

Chapters are assigned an EIN by Headquarters. Headquarters will file the chapter's annual Income Tax Return (990-N form) showing that gross receipts are normally \$50,000 or less per calendar year. Chapters will be notified each year by Headquarters of such compliance to the IRS requirement. EIN are filed according to the Chapter Financial Report.

## **Submissions to be Made with Charter Application:**

- Student applications
  - Application Fee
- Faculty or Honorary application(s) for the Chapter Advisor and Assistant Advisor (if applicable)
  - o Application Fee
  - Brief Resume
  - Signature Verification Form
- Chapter Bylaws (please see CHAPTER BYLAWS TEMPLATE on our website at https://alphaphisigma.org/chapters

## **Applicable Fees:**

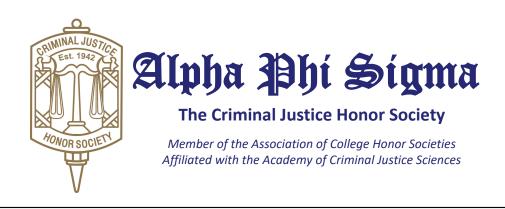
- One Time Charter Fee: \$ 100
- Annual Chapter Dues: \$50 (\$50 Annual Chapter dues are due every January 1st.)
- \*If the chapter is chartered between July 1st and December 31st, the Annual Chapter dues will be prorated to \$ 25
- Student Membership Application Fee: \$70 per student (\$80 per online only students)
- Faculty/Honorary Membership Application Fee: \$50 per Faculty or Honorary

## **Accepted forms of payment:**

- Cashier's Check or Money Orders
- Chapter Check or University/College check
- Credit/Debit card (To submit a credit card payment, please e-mail all required documents to headquarters@alphaphisigma.org and request an invoice).
- NO PERSONAL CHECKS OR CASH

#### Upon approval of Charter Application, the Chapter Advisor will receive the following:

- Chapter Greek name (assigned by Headquarters depending on availability)
- Charter Certificate
- USB drive with Alpha Phi Sigma applications and pertinent documents
- IRS letter with EIN for the chapter
- Membership Certificates, cards, and membership pins
- Alpha Phi Sigma recruitment brochures



СНАРТІ	ER CHARTER	APPLICATION	
Petitioning University/College Information	ion:		
Date:			
Name of Petitioning University/College:			
Highest Criminal Justice Degree Offered by the Institution:			
Institution is approved by the following Regional Accrediting Agency:			
Web address of current institutional catalog listings:			
Department Name:			
Full Name of Department Chair:			
Mailing Address:			
City:	State:	Zip Code:	
Department Phone #:		Department Fax #:	

# **Proposed Chapter Advisor's Information:**

* If proposed Advisor is not a member of Alp.	ha Phi Sigma, he or she must	apply as a Faculty member.	
Name of the Proposed Chapter Advis	sor:	Signature:	
Institution attended when inducted to	) Alpha Phi Sigma:	Year of Induction into Alpha Phi Sigma:	
Mailing Address:			
City:	State:	Zip Code:	
Phone #:	Oth	Other Number:	
E-mail:			
Proposed Assistant Chapter Advisor *If proposed Asst. Advisor is not a member of Name of the proposed Asst. Chapter	of Alpha Phi Sigma, he or she	must apply as a Faculty member.	
Institution attended when inducted in	nto Alpha Phi Sigma:	Year of Induction into Alpha Phi Sigma:	
Mailing Address:			
City	State:	Zip Code:	
Phone #:		Other Number:	
E-mail:			
Rt qr qugf 'Ej cr vgt 'Qlflegt s<'			
President's Name:		E-mail:	
Vice-President's Name:		E-mail:	
Secretary's Name:		E-mail:	
Treasurer's Name:		E-mail:	

# **Chapter Member's Information:** If more space is needed, please attach a second sheet. E-mail: 1: Complete Name: E-Mail: 2: Complete Name: E-Mail: 3: Complete Name: 4: Complete Name: E-mail: 5. Complete Name: E-mail: 6. Complete Name: E-mail: E-mail: 7. Complete Name: 8. Complete Name: E-mail: 9. Complete Name: E-mail: E-mail: 10. Complete Name: 11. Complete Name: E-mail: E-mail: 12. Complete Name: **Chapter Charter Fees:** One Time Charter Fee: \$ 100.00 Annual Chapter Dues: \$50.00 (\$50 Annual Chapter dues are due every January 1st.) \* If chartered between August 1st and December 31st, the Annual Chapter dues for that year are prorated to \$ 25.00 Student Membership One-time Fee: \$70.00 each Faculty and Honorary Membership One-time Fee: \$ 50.00 each **Fees Enclosed:** Charter Dues:

Annual Chapter Dues:

\*If chartered between August 1st and December 31st, the Annual Chapter dues for that year are prorated to \$ 25.00

Membership Applications Total:

TOTAL AMOUNT:

#### **ACCEPTED FORMS OF PAYMENT:**

Cashier's Check, Money Orders, University/College check. NO PERSONAL CHECKS OR CASH To submit a credit card payment, please e-mail all required documents to headquarters@alphaphisigma.org and request an invoice.

Society, Alpha Phi Sigma, we do hereby signify our d	anted, we do hereby agree at all times to comply with		
Chapter Advisor's Name:	Chapter Advisor's Signature:		
Department Chair's Name:	Department Chair's Signature:		
Adminstrator: (Dean or above including title)	Admistrator's Signature:		
Signed this day of, (month and year)			
Mail all required paperwork and payment to Regular Mail: Alpha Phi Sigma P.O. Box 292405 Davie, FL 33329-2405	Express or Certified Mail: Alpha Phi Sigma Nova Southeastern University 3300 S. University Dr. Ft. Lauderdale, FL 33328-2004		
HEADQUARTERS USE ONLY			
Date Received:			
Amount Received:			
Payment Type and Number:			
Greek Name:			
EIN #:			
Chapter Number:			
Director's Approval:			
Date Approved:			

**Petition For Chapter Charter Application Form:** 

We, the students, faculty, and administration of (name of institution)

Date: