Signature Verification form

University/College:			
Chapter Name:			
Chapter Website:			
Shipping Address:			
City:	State:		ZIP Code:
Chapter Advisor Name:			
Advisor Since:			
Office Phone:		Cell Phone: (optional)	
Fax:		Email:	
Signature:			
Assistant Chapter Advisor Name:			
Assistant Chapter Advisor Since:			
Office Phone:		Cell Phone: (optional)	
Fax:		Email:	
Signature:			

*If you are applying to become a chapter advisor or asst. chapter advisor, please fill out this form and submit with a letter from previous advisor or department chair stating the changes. All chapter advisors must be members of Alpha Phi Sigma, if you are not, please fill out a Faculty Membership Application and submit to headquarters.

Current Signature Verification Form MUST be filed with Headquarters. This is required for applications and regalia orders to be processed.

Complete and Email to: headquarters@alphaphisigma.org