



NATIONAL PHAROHS SOCIETY

# CHAPTER CHARTER APPLICATION (ALUMNI DIVISION)

(833) 637-1117

[CONTACT@PHAROHSOCIETY.COM](mailto:CONTACT@PHAROHSOCIETY.COM)  
[WWW.PHAROHSOCIETY.COM](http://WWW.PHAROHSOCIETY.COM)

National Pharaohs Society

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OFFICE USE ONLY

Date Received \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

GRANTED

DENIED

REACTIVATED

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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Leadership • Character • Service

TYPE OF CHARTER

NEW CHAPTER

REACTIVATION

## Chapter Sponsor Information (Individual Responsible for Chartering Chapter)

1. Full Name \_\_\_\_\_
2. Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Email \_\_\_\_\_
4. Phone Number \_\_\_\_\_
5. Are you a high school administrator, faculty member or coach? YES                      NO

## New Candidate Information

6. Contact Information (Maximum of 5 New Candidates)

Full Name	Address	Grade Level	GPA

7. Are all new candidates for membership persons of good character? YES                      NO

*(NOTE: Potential Pharaohs must show respect, responsibility, trustworthiness, fairness, caring, and citizenship.)*

**Chapter Information**

8. Are there at least ten Pharaohs in your area who desire to form a local chapter? YES NO

9. List Prospective Chapter Charter Members (Minimum of 5 Members In Good Standing)

Member Number	Full Name	Address	Grade Level/ GPA

10. Are there eligible candidates in your area who desire to join an alumni chapter? YES NO

11. How many prospective charter members will be eligible alumni candidates? \_\_\_\_\_

I hereby submit this application to charter or reinstate a chapter of Pharaohs Society, Inc. I understand that completing this form does not guarantee that the National Pharaohs Society will issue a chapter charter. I further understand that I am not committing myself or anyone else to charter a chapter of the National Pharaohs Society.

\_\_\_\_\_  
Chapter Sponsor Signature

\_\_\_\_\_  
Date