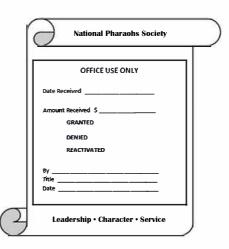


CHAPTER CHARTER APPLICATION (ALUMNI DIVISION)



(833) 637-1117

CONTACT@PHARAOHSSOCIETY.COM

WWW.PHARAOHSSOCIETY.COM

TYPE OF CHARTER NEW CHAPTER REACTIVATION

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

Chapter Sponsor Information (Individual Responsible for Chartering Chapter)

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

Chapter Sponsor Signature

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) **Full Name** Address Grade Level/ Member **GPA** Number 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.

Date