



NATIONAL PHARAOHS SOCIETY

CHARTER MEMBER APPLICATION

SUBMIT

(833) 637-1117

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NATIONAL PHARAOHS SOCIETY

OFFICE USE ONLY

Date Received _____

Amount Received \$ _____

GRANTED TRANSFERRED
 DENIED DEFERRED
 REACTIVATED

Chapter No.: _____

Member No. _____

By _____

Title _____

Date _____

LEADERSHIP • CHARACTER • SERVICE

Charter Applied For: High School Division Alumni Division Reactivated Transfer

- Name of school, chapter or other organization seeking a charter _____
- Address _____
- Contact Information (Principal, Vice Principal, Faculty Advisors, etc.)

Name	Phone Number	Email Address	Position/Title

4. Candidate Information

Name: _____ Birthdate _____

Gender: Male Female Nonbinary Other (Please specify): _____

5. Street Address: _____

6. City: _____ State: _____ Postal Code: _____

7. Mailing Address: _____

8. City: _____ State: _____ Postal Code: _____

9. Contact Information

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ School Telephone: _____

Email Address: _____

10. Social Media Information

Instagram	Twitter	Facebook	LinkedIn
Other	Other	Other	Other

11. Cumulative Grade Point Average

High School Division	Cumulative GPA		Grade Level		
Alumni Division	Cumulative GPA		<input type="radio"/> Diploma	<input type="radio"/> GED	<input type="radio"/> Other:

12. Parent/Guardian Information

Name	Phone Number	Email Address	Relationship

13. Emergency Contact Information

Name	Phone Number	Email Address	Relationship

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CANDIDATE REQUEST FOR MEMBERSHIP

I, the undersigned candidate for membership in the National Pharaohs Society, hereby submit this Application To Become A Charter Member of a chapter of the National Pharaohs Society. I certify that the information provided in this application is true and accurate to the best my knowledge and belief. If selected as a member of the National Pharaohs Society, I will strive to exemplify the principles and ideals of leadership, character, and service. I desire to develop my potential through active participation in the National Pharaohs Society and to support its programs, activities, events and agenda. I understand that the National Pharaohs Society is a brotherhood-sisterhood organization that promotes equality regardless of race, color, religion, gender, gender identity, or sexual orientation. I understand that the Pharaohs are brothers and sisters and that, as such, we will operate in a judgment-free environment. Finally, I will endeavor to: (1) tell the truth, (2) do the right thing; (3) respect myself; (4) honor my parents; (5) respect my elders; and (6) support my family and friends.

 Signature

Date: _____

 Print Full Name

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PARENT/LEGAL GUARDIAN CONSENT TO MEMBERSHIP (FOR MINORS ONLY)

I, the undersigned parent/legal guardian of the above-named candidate, have read and understand the foregoing Application To Become A Charter Member of the National Pharaohs Society. I hereby consent to such membership, and I will support the candidate’s development as a Pharaoh of leadership, character, and academic achievement.

 Signature

Date: _____

 Print Full Name