ALPHA PHI OMEGA VICTORIA AUSTRALIA ALUMNI ASSOCIATION 214 INC.

E : apovc214@gmail.com w : apovic214.org

Membership **Form**

■ Personal Data Information

Full Name :

Place Of Birth : Gender : Male Female

Date Of Birth : D D M M Y Y Place of Birth :

Current Address :

Email address : Phone Number :

APO Details

Chapter : University :

Batch Year : Course :

Batch Name : Pledgee Name :

Ritualized : Unritualized :

■ Other Information

For Non-resident (Work Visa)

Date of Arrival in Victoria D D M M Y Y Occupation :

For Non-resident (Student)

Date of Arrival in Victoria D D M M Y Y School/ Course :

Others (Please specify status)

Date of Arrival in Victoria D D M M Y Y Specify Status :

ON MY OATH: I hereby affirm that I shall abide by our Constitution and By Laws; comply with all lawful orders of our duly constituted leadership; maintain my good standing by fulfilling the duties of membership; endeavour to realize the ideals of the organization by excelling in my chosen fields, by extending a handshake of friendship to all regardless of race, religion, social class, political ideology and by unselfishly giving my time and energy in pursuing a programme of service for our alumni association, and to the community and to the nation as a fully participating citizen, I shall, in all my dealings, uphold the dignity of Alpha Phi Omega by good example through thoughts, words and deeds.

I acknowledge all the duties, responsibilities and moral and financial obligation according to APO Victoria Australia Alumni Association 214 Constitution and By-laws.

Signature Date

GENERAL INSTRUCTION

1. All members must register to the alumni association paying a one off $100.00 membership fee. Processing of membership maybe subject to the verification in the absence of the APO proof of membership
2. APO Brothers and Sisters on a Student visa is not required to pay the one off $100 membership fee and the annual dues of $50
3. Membership verification shall be based on the following:
   a. Current APO ID or certificate of membership or
   b. Existing national records of previously approved applications
   c. Endorsement by past or current chapter GC/GLC who is an ID holder in good standing
   d. Chapter roster

Date of Membership application D D M M Y Y

Application processed and verified by

Copy of APOID received Yes No