



# Alpha Phi Sigma

The National Criminal Justice Honor Society

Founded in 1942

Affiliated with the Academy of Criminal Justice Sciences

Member of the Association of College Honor Societies

## Honor Regalia Form

Order form must be used to order regalia. Chapter advisor must complete, sign, and mail form to headquarters with payment.

Advisor's Name:

University:

Chapter Name:

Shipping Address:

City:

State:

Zip Code:

E-mail Address:

Phone Number:

Date Regalia is Needed:

Stole	Cord	Medallion	3-Pcs.	Student's Name (Please give name on membership certificate)	Membership Date	Total
\$35	\$18	\$18	\$68			

**Accepted Payments: Cashier's Check, Money Orders, University or Chapter Check.**

\* Please note, we do NOT accept personal checks.

Advisor may, in certain instances, pay for entire order with university or chapter debit/credit card. Headquarters must first receive completed and signed form. Then, the advisor should contact Headquarters to make one single payment. No more than one credit card will be accepted. Order must be paid in full prior to shipping.

### SHIPPING & HANDLING

**Excludes Canada and Guam S&H**

Up to \$30 = \$5.95	\$30.01 to \$50 = \$6.95
\$50.01 to \$70 = \$7.95	\$70.01 to \$90 = \$8.95
\$90.01 to \$120 = \$12.95	\$120.01 to \$150 = \$14.95
\$150.01 to \$200 = \$17.95	\$200.01 to \$300 = \$19.95
Over \$300 = \$22.95	

Sub Total

S & H

Tax (FL)

Amount Paid

**NO EXPEDITED ORDERS**

**ALLOW 3-4 WEEKS FOR PROCESSING AND DELIVERY**

Honor Regalia will ONLY be shipped to chapter advisor to the address on record. Advisor is responsible for receipt and distribution of regalia. Please order with enough time for delivery.

\*\* No exchanges or returns on Honor Regalia.

\*\* Delivery is approximately 3 weeks from receipt and approval of order form.

Mail Form and Payment to:

Regular Mail:  
Alpha Phi Sigma  
Criminal Justice Honor Society  
P.O. Box 292405  
Davie, FL. 33329-2405

Express Mail:  
Alpha Phi Sigma  
Nova Southeastern University  
3301 College Avenue  
Ft. Lauderdale, FL 33314

Print Advisor's Name:

Advisor's Signature - Original in Ink:

Form MUST be signed by Advisor

Date:

### Headquarters use ONLY:

Date Received

Payment Type /Check No.

Invoice No.

Date Shipped