

Faculty Membership Application

APPLICATION MUST BE TYPED (Editable Form)

ALL FIELDS MUST BE COMPLETED, UNLESS LISTED AS OPTIONAL

First Name:

Middle Name:

Last Name:

Permanent address:

City:

State:

Zip Code:

Phone:

Permanent Email:

University/College Email:

Nominee's Present Place
of Employment:

Your name as it should appear
on the membership certificate:

University Awarding Faculty Membership

Local Chapter Name (Greek)

Beginning Date as a Faculty at the present University:

Chapter Advisor's Name:

Chapter Address:

Phone Number:

Fax Number:

Email:

Chapter Advisor's Signature:

Date:

Faculty Members. Alpha Phi Sigma recognizes and encourages faculty and administration involvement. Candidates for membership must be full-time faculty or administrators in a criminal justice related field. **They must have completed a minimum of one year full-time** teaching and/or administrative duties at the College/University where they are inducted and be elected by 2/3 vote of the chapter.
Include a brief resume/vita with faculty application.

ADVISOR'S NOTE

Each application must be accompanied by a \$ 50.00 payment.

Accepted forms of payment:

Money order, cashier's check, university/college check, or chapter check. Payable to: Alpha Phi Sigma National Headquarters.

NO PERSONAL CHECKS OR CASH

Mail application with payment to:
Alpha Phi Sigma National Headquarters
Nova Southeastern University
3301 College Avenue
Fort Lauderdale, Florida 33314

Headquarters Use Only:

Date Received	Payment Type & #	Date Entered	Date Sent	Notes:
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Executive Director's Approval: _____
Signature Date