

ALPHA PHI SIGMA

The National Criminal Justice Society Founded 1942

Membership Application

PLEASE TYPE OR PRINT CLEARLY THE FOLLOWING INFORMATION

Name: _____

Local Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____

Social Security Number: _____ Date of Birth: _____ Sex: M or F (CIRCLE ONE)
(Optional) (Optional)

E-Mail Address: _____

CIRCLE THE DEGREE YOU ARE PRESENTLY ATTAINING

Bachelor of Arts	Master of Arts	Education Doctorate
Bachelor of Science	Master of Science	Juris Doctorate
Doctor of philosophy	Other (Specify): _____	

THIS INFORMATION SHOULD BE BASED ON COURSE WORK AT ALL POST-SECONDARY INSTITUTIONS ATTENDED

(Circle one)

Indicate Type of Credit Hours: **Quarter** **Semester** **Tri-Semester** Anticipated Date of Graduation: _____

Grade Point Average (GPA) Based on 4.0 Scale: Cumulative GPA: _____ Criminal Justice GPA Only: _____

Credit Hours Earned: Cumulative Credits Only: _____ Criminal Justice Credits Only: _____

Signature of Applicant: _____ Date: _____

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION AS YOU WOULD LIKE IT TO APPEAR ON YOUR ALPHA PHI SIGMA CERTIFICATE

Name: _____

University Presently Attending: _____

Local Chapter Name (Greek): _____

FOR CHAPTER ADVISOR ONLY

Chapter Advisor: _____ Title: _____

Chapter Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax: () _____

Chapter E-Mail: _____ Chapters Webpage Address: _____

Signature: _____ Date: _____

ADVISORS NOTE

EACH APPLICATION MUST BE ACCOMPANIED BY A \$40.00 CASHIER'S CHECK, MONEY ORDER, OR ALPHA PHI SIGMA CHAPTER CHECK,
PAYABLE TO: ALPHA PHI SIGMA NATIONAL HEADQUARTERS. **DO NOT SEND CASH OR PERSONAL CHECKS.**

ADVISOR MAIL APPLICATION TO: ALPHA PHI SIGMA, National Headquarters

Nova Southeastern University
UPP-N-316
3301 College Ave
Ft. Lauderdale, FL. 33314
(305) 919-5793 or FAX: (305) 348-5848
<http://www.alphaphisigma.org>