

LIFE MEMBERSHIP APPLICATION
Alpha Phi Alpha Fraternity, Incorporated
Date _____

To: National Chairman, Life Membership Committee

Kindly enroll _____ as a member of

ALPHA PHI ALPHA FRATERNITY, FOR LIFE-FELLOWSHIP-BROTHERHOOD

I hereby subscribe to remit the Life Membership Fee of Three Thousand Dollars to the Office of the Executive Director as follows:

- Payment in Full.....\$3000.00

- Extended Payment Plan
Initial payment herewith.....\$150.00

The balance will be paid @ \$ _____ per quarter/month and the entire Life Membership Fee will be paid within a period of five (5) years from the date processed.

If not fully paid within five (5) years, the subscription will be cancelled or rolled over to the current fee. There are no refunds granted to subscribers to the Life Membership Program.

If I choose the Extended Payment Plan, I understand that the Annual Grand Tax payment must be paid in addition to making payments towards the Life Membership Plan. The Grand Tax amount paid for the year in which the Life Membership Subscription is completed will be credited to my Life Membership. I must also pay the National Housing and Building Fund assessment of \$100 if not previously paid.

Mail or fax this application and initial or full payment to:

Alpha Phi Alpha Fraternity, Inc.
P.O. Box 630792
Baltimore, MD 21263-0792
Fax: (410) 554-0054

Extended payment subscribers should use the life membership invoice to send in additional payments. The credit card authorization form does not have to be submitted with the application. Submit credit card information below.

The Life Member lapel pin is an additional \$85 and is not included in the price of Life Membership.

Visa, MasterCard & AMEX accepted only!!

Card Type: _____

Card Number: _____

Exp. Date: _____

Name on Card: _____



Subscriber Signature

Social Security Number or Account Number

Home Address

City State Zip Code

Home Phone Work Phone

Email Address

Chapter Now Active With Chapter Location

Chapter Initiated Into Chapter Location

Date of Initiation Date of Birth

For Office Use Only

Transaction Date: _____

Processed By: _____

Date Processed: _____

Remittance No: _____