



Credit Card Holder Information

Full Name _____

Account or Social Security Number _____

Mailing Address _____

City _____ State _____ Zip _____

Phone No. _____

Email _____

Chapter _____ Key # _____

Credit Card Holder Billing Information

Address _____

Same as Mailing Address

City _____ State _____ Zip _____

I, _____ hereby authorize Alpha Phi Alpha Fraternity, Inc. to charge the credit card listed below.

VISA, MASTERCARD & AMEX are accepted.

Type of Card _____

Card Number _____

Expiration Date _____

Name on Card _____

Total Amount to Charge _____

Reason For Charge _____

FOR OFFICE USE ONLY	
TRANSACTION DATE:	_____
PROCESSED BY:	_____
DATE PROCESSED:	_____
REMITTANCE NO:	_____

Signature _____ Date _____

Note: The transaction will not be completed if all required information is not provided. Once received and processed, a receipt will be mailed to you upon request. This form does not have to be used with the Membership Reactivation form or the Life Membership Application.