



Transfer to Omega Chapter Form

All chapters and Brothers are urged to submit the names of Brothers transferred to Omega Chapter so that the information may be updated in the membership database and proper tribute may be offered to them.

Name _____ Account Number _____ LM # _____

Last Chapter Affiliation _____ Chapter of Initiation _____

Date entered Omega Chapter _____

Name _____ Account Number _____ LM # _____

Last Chapter Affiliation _____ Chapter of Initiation _____

Date entered Omega Chapter _____

Name _____ Account Number _____ LM # _____

Last Chapter Affiliation _____ Chapter of Initiation _____

Date entered Omega Chapter _____

Name _____ Account Number _____ LM # _____

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Date entered Omega Chapter _____

Name _____ Account Number _____ LM # _____

Last Chapter Affiliation _____ Chapter of Initiation _____

Date entered Omega Chapter _____

Name _____ Account Number _____ LM # _____

Last Chapter Affiliation _____ Chapter of Initiation _____

Date entered Omega Chapter _____

Submission Information:

Chapter Name: _____

Affix Chapter Seal here

Key #: _____ **Location** _____

Return to:

**Alpha Phi Alpha Fraternity, Inc.
Membership Services**

2313 ST PAUL STREET, BALTIMORE
MD 21218