



Life Membership Application

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.
3000 Homewood Avenue
PO Box 16008
Baltimore, MD 21218

NOTE:

Extended payment subscribers must use the life membership remittance to send in additional payments. A credit card authorization form does not have to be submitted with the application. Submit credit card information below. Invoices are not sent to life member subscribers. It your responsibility to send in payments at your leisure before the plan expires.

The Life Member lapel pin is an additional \$119 and is not included in the price of Life Membership.

Visa, MasterCard & AMEX

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:	_____

