

LIFE MEMBERSHIP ENROLLMENT

Alpha Phi Omega • 14901 East 42nd Street • Independence, Missouri 64055

I am a Brother in good standing. I wish to enroll as a Life Member and submit the following application (please print):

Full name (as desired on wall certificate) _____

Permanent address _____

Present address _____

Telephone _____ Email _____

College _____ Chapter _____ Graduation year _____

Major/Degree _____ Position/Profession _____ Social Security # _____

Enclosed is my payment (check one): \$50 Undergraduate rate (good until 1 year after graduation) \$100 Alumni rate

Method of payment (select one): Check enclosed Credit card (circle one: Visa / Mastercard / Discover)

Member Signature _____ Card # _____ Exp. _____