



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.  
PO Box 405478  
Atlanta, GA 30384-5478  
Fax: (301)206.9789

**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:	_____