

**Life Membership Remittance Form****IF YOU ARE MAKING A LIFE MEMBER PAYMENT FOR THE FIRST TIME, YOU MUST FIRST COMPLETE THE LIFE MEMBERSHIP APPLICATION AND SEND IT WITH THE PAYMENT!!!****Member Information**

Account No.	
Full Name	
Address	
Address 2	
City, State Zip	
Contact Number	
Email Address	
Chapter Name	

Payment Date	
Payment Amount	
A life membership application must accompany all initial payments!!!	

**Return To:**

Mail Payment to:  
 Alpha Phi Alpha Fraternity, Inc.  
 P.O. Box 405478  
 Atlanta, GA 30384-5478

For:  
 Credit Card Payments  
 Fax to: 301-206-9789

check box that applies to payment	Item Description		Total
<input type="checkbox"/>	Initial Payment		
<input type="checkbox"/>	Extended Plan Payment		
<input type="checkbox"/>	Full Payment		
		Paid	
		Plan Total	
		Balance Due	
		Exp. Date	
		Plan Completed Life Member No.	

FOR OFFICE USE ONLY

**PLEASE NOTE!!!**

If not fully paid within 5 years, your subscription will be cancelled or rolled over to the current fee. There are no refunds granted to subscribers to the Life Membership Program.

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. The National Housing and Building Fund assessment of \$100 must also be paid if not previously paid.

Accepted Cards	Visa, MasterCard & AMEX
Card Type	
Number	
Exp. Date	
Name on Card	
Signature	

A credit card authorization form is not needed if using this form.

**FOR OFFICE USE ONLY**

TRANSACTION DATE: \_\_\_\_\_  
 PROCESSED BY: \_\_\_\_\_  
 DATE PROCESSED: \_\_\_\_\_  
 REMITTANCE NO: \_\_\_\_\_