



Please Return To: Alpha Phi Alpha Fraternity, Inc.
Membership Services
P. O. BOX 181
ANNAPOLIS JUNCTION, MD 20701-0181
One Form per Brother

Form with fields for Social Security Number, Membership ID Number, Full Name, Address, Home Telephone, Cell, Work Telephone, Fax, Email Address, Date of Birth, Date of Initiation, Chapter of Initiation, Key #, Chapter Last Active With, Key #, Member Is Now in Chapter, (Location).