



**Transfer to Omega Chapter Form**

All chapters and Brothers are urged to submit the names of Brothers transferred to Omega Chapter so that the information may be updated in the membership database and proper tribute may be offered to them.

Name \_\_\_\_\_ Account Number \_\_\_\_\_ LM # \_\_\_\_\_

Last Chapter Affiliation \_\_\_\_\_ Chapter of Initiation \_\_\_\_\_

Date entered Omega Chapter \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_ LM # \_\_\_\_\_

Last Chapter Affiliation \_\_\_\_\_ Chapter of Initiation \_\_\_\_\_

Date entered Omega Chapter \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_ LM # \_\_\_\_\_

Last Chapter Affiliation \_\_\_\_\_ Chapter of Initiation \_\_\_\_\_

Date entered Omega Chapter \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_ LM # \_\_\_\_\_

Last Chapter Affiliation \_\_\_\_\_ Chapter of Initiation \_\_\_\_\_

Date entered Omega Chapter \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_ LM # \_\_\_\_\_

Last Chapter Affiliation \_\_\_\_\_ Chapter of Initiation \_\_\_\_\_

Date entered Omega Chapter \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_ LM # \_\_\_\_\_

Last Chapter Affiliation \_\_\_\_\_ Chapter of Initiation \_\_\_\_\_

Date entered Omega Chapter \_\_\_\_\_

Name \_\_\_\_\_ Account Number \_\_\_\_\_ LM # \_\_\_\_\_

Last Chapter Affiliation \_\_\_\_\_ Chapter of Initiation \_\_\_\_\_

Date entered Omega Chapter \_\_\_\_\_

**Submission Information:**

Chapter Name: \_\_\_\_\_

**Affix Chapter Seal here**

Key #: \_\_\_\_\_ Location \_\_\_\_\_

**Return to:**

**Alpha Phi Alpha Fraternity, Inc.  
Membership Services**

**P. O. Box 181,  
Annapolis Junction, MD 20701-0181**