



APPLICATION FOR MEMBERSHIP ALPHA PSI ALPHA SORORITY, INC

Please type or print legibly.

Date			
Full Name		Date of Birth	
Residence Address			
Mailing Address (if different)			
Phone		Email Address	
RELIGIOUS AFFILIATION			
Church Name		Pastor	
Address		Phone	
Date you accepted Jesus Christ		Date of baptism	
Religion			
List ministries you are involved, if any			
COMMUNITY INVOLVEMENT			
List community outreach ministries you are involved.			
List community outreach ministries that you would like to be involved.			
Are you or have you ever been a part of another Greek organization? (Please explain)			
How do you think APA can help in your personal endeavors?			
Is there any additional information that we should know about you?			
Why would you like to be a part of Alpha Psi Alpha Sorority, Inc.?			
What contributions can you make to APA to assist in building the Kingdom of God?			
What are the last 3 community service events that you have been a part of? Include your role, year of the event, and a reference (name, telephone number, and email) we can contact.			
If given an opportunity to join APA, what community service events would you like to be a part of? Please give details and explain your desired role in these events.			
How did you hear about APA? If you were referred by a member of APA, who?			

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REFERENCES and PHOTO

Please provide three references and a photo of yourself to complete your application.

- 1 – Spiritual Reference – This can be from the shepherd of your church or someone in a leadership position who can speak to your spiritual character.
- 1 – Professional Reference – This can be from a supervisor, manager or someone who can speak to your professional personality
- 1 – Personal Reference – This can be from a friend, relative or someone who can speak to your personal temperament

Spiritual Reference

Name _____

Position _____

Email _____

Phone _____

Professional Reference

Name _____

Position _____

Email _____

Phone _____

Personal Reference

Name _____

Relationship to you _____

Email _____

Phone _____

Signature

I attest that the information contained in this application is true and authorize the Alpha Psi Alpha Sorority, Inc. to contact the above references.

Printed Name

Signature

Email

Date

IMPORTANT: Please review your application in its entirety before submitting. Your application package is incomplete if submitted without all of the requested items. APA will not contact you to obtain the requested material.

Checklist

- Application
- \$50 Application Fee
- Spiritual Reference
- Professional Reference
- Personal Reference
- Photo/Image (.jpg/.jpeg/.png)
- APA member referral (Optional)

APPLICATION SUBMISSION: Submit your completed application via email to: apaintake2017@gmail.com OR mail with your \$50 application fee (money order only) to:

Alpha Psi Alpha
PO Box 1776
Stone Mountain, GA 30086

PAYMENT METHODS: You can submit your payment via:

- CashApp - \$AlphaPsi17
- mail/USPS - Mail your application and \$50 application fee (money order only) to:

Alpha Psi Alpha
PO Box 1776 Stone
Mountain, GA 30086