



APPLICATION FOR MEMBERSHIP
Omega Rho Psi Fraternity, 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	
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 ORP 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 Omega Rho Psi Fraternity, Inc.?			
What contributions can you make to ORP 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 ORP, 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 ORP?			

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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 you church or someone in a leadership position who can speck to your 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 Omega Rho Psi Fraternity, 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 the requested items. ORP 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)

APPLICATION SUBMISSION: Submit your completed application via email to: OmegaRhoPsi@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 (Please put in the note Omega Rho Psi or ORP
- Mail/USPS - Mail your application and \$50 application fee (money order only) to:

Alpha Psi Alpha

PO Box 1776

Stone Mountain, GA 30086