



**Please Return To:**      **Alpha Phi Alpha Fraternity, Inc.**  
***Corporate Headquarters/Membership Department***  
***2313 St. Paul Street***  
 Baltimore, Maryland 21218  
 One Form per Brother

Social Security Number:	
Full Name:	
Address:	
Home Telephone:    (    )	
Work Telephone:    (    )	
Email Address:	
Date of Birth        /        /	Date of Initiation    /        /
Chapter of Initiation:	Key #:
(Location)	
Chapter Last Active With:	Key #:
(Location)	
Member Is Now in Chapter:	
(Location)	