

**ALPHA PHI SIGMA**

The Criminal Justice Honor Society

Founded 1942

Membership Application

PLEASE TYPE OR PRINT CLEARLY IN INK THE FOLLOWING INFORMATION. ALL FIELDS MUST BE COMPLETED, UNLESS LISTED AS OPTIONAL.  
SUBMIT APPLICATION WITH A \$55.00 CASHIER'S CHECK OR MONEY ORDER, PAYABLE TO "ALPHA PHI SIGMA."

Name \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

SSN (optional) \_\_\_\_\_ Date of Birth (optional) \_\_\_\_\_ Gender \_\_\_\_\_

Univ./College Email \_\_\_\_\_ Alternative Email \_\_\_\_\_

**CHECK THE DEGREE YOU ARE PRESENTLY ATTAINING**
 Bachelor of Arts       Bachelor of Science       Master of Arts       Master of Science

 Juris Doctorate       Doctor of Philosophy       Education Doctorate
**THE INFORMATION BELOW IS VERY IMPORTANT AND SHOULD BE BASED ON COURSE WORK AT ALL POST-SECONDARY INSTITUTIONS ATTENDED**INDICATE TYPE OF CREDIT HOURS     Quarter     Semester     Tri-Semester    Anticipated Date of Graduation \_\_\_\_\_

Grade Point Average (GPA)      Cumulative GPA      Criminal Justice GPA  
**Based on a 4.0 Scale**      \_\_\_\_\_      \_\_\_\_\_

Number of Courses Completed:      Cumulative Courses      Criminal Justice Courses  
 \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION AS YOU WOULD LIKE IT TO APPEAR ON YOUR ALPHA PHI SIGMA CERTIFICATE**

Name \_\_\_\_\_

University Presently Attending: CALIFORNIA STATE UNIVERSITY, LONG BEACH

Local Chapter Name (Greek): EPSILON RHO

**Student, submit completed application to chapter advisor. ~ DO NOT WRITE BELOW**  
**Chapter Advisor, verify information above; complete and sign below; mail to ΑΦΣ Headquarters.**

Chapter Advisor Name &amp; Title: Ryan G. Fischer, PhD. Assistant Professor, Department of Criminal Justice

Chapter Address: 1250 Bellflower Blvd.

City: Long Beach      State: California      Zip Code: 90840

Phone Number: 562-985-1677      Fax Number: 562-985-8086      E-mail: rfischer@csulb.edu

Chapter Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADVISOR'S NOTE**

Each application must be accompanied by a Cashier's Check, Money Order, University Check or Alpha Phi Sigma Chapter Check.  
 Payable to: ALPHA PHI SIGMA HEADQUARTERS. **DO NOT SEND CASH OR PERSONAL CHECKS**

**ADVISOR MAIL APPLICATION TO:**

Alpha Phi Sigma Headquarters, Nova Southeastern University, 3301 College Ave, Ft. Lauderdale, FL. 33314  
 TEL: 954-262-7004    FAX: 954-262-3646    ~ WEBSITE: www.alphaphisigma.org