

**Alpha Beta Gamma™**  
**Chapter Application Form**

To submit an application to charter a chapter of Alpha Beta Gamma, complete this form and mail it along with the application fee to:

Alpha Beta Gamma™  
PO Box 1619  
Pawleys Island, SC 29585

**CHAPTER ADVISER INFORMATION**

Name of Primary Chapter Adviser \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

**COLLEGE INFORMATION**

Name of College \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Year College was Established \_\_\_\_\_ Accreditation \_\_\_\_\_

Grading System \_\_\_\_\_ Credits Required for Graduation \_\_\_\_\_

Degrees Offered in Business & Professional Studies ( ) A.A. ( ) A.S. ( ) A.A.S. ( ) A.O.S.

Other \_\_\_\_\_

**GENERAL INFORMATION**

Name of Business/Professional Studies Division/Dept. Chair \_\_\_\_\_

Name of College President \_\_\_\_\_ Admissions Director \_\_\_\_\_

List three 4-year schools which accept many of your Business & Professional Studies Students

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**APPROVAL OF COLLEGE ADMINISTRATION**

The undersigned officer of this college agrees to having full knowledge of the goals and mission of Alpha Beta Gamma™ and approves the submission of this application to form a chapter of the society. The officer understands the sole financial responsibility of the college is a one-time charter application fee of \$500.00.

Students of Alpha Beta Gamma™ pay a one-time lifetime membership fee which entitles them to all benefits of the society. The college agrees to exert best efforts in the identification of approval of the chapter adviser(s). The college also agrees to promulgate the existence of the Alpha Beta Gamma chapter on campus in the college catalog where applicable.

The college grants permission for their members of Alpha Beta Gamma™ to wear society regalia at college graduation ceremonies.

**DULY SIGNED THIS DAY** \_\_\_\_\_ **MONTH** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**SIGNATURE OF COLLEGE ADMINISTRATOR** \_\_\_\_\_

**TITLE** \_\_\_\_\_

***Please attach a copy of the Chapter Adviser's Curriculum Vitae to this application.***

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*FOR OFFICE USE ONLY*

**ACTION OF EXECUTIVE BOARD** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CHAPTER DESIGNATION** \_\_\_\_\_