

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™
Post Office Box 253
Tarpon Springs, FL 34688

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** \_\_\_\_\_