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 80207
Charleston, SC 29416

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_____
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