

**APPLICATION FOR LIFE MEMBERSHIP  
OMEGA PSI PHI FRATERNITY, INC.**

Lockbox Invoice # -----
----------------------------

**FORM 65**  
REVISED (11/08)

Name \_\_\_\_\_

Control #

Home Address \_\_\_\_\_

Street Number

City

State

Zip

Business Address \_\_\_\_\_

Street Number

City

State

Zip

Telephone: Home ( ) \_\_\_\_\_ Office ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation Code (See Code Sheet)

Date of Initiation: \_\_\_\_\_ Chapter of Initiation

Current Chapter  Current District

Application for Life Membership Plan (Check One) One Payment of \_\_\_\_\_

Two Equal Installments of \_\_\_\_\_ each within two (2) years \_\_\_\_\_

**UNDERGRADUATE COLLEGE ATTENDED (LIST IN CHRONOLOGICAL ORDER)**

Institution	Date of Attendance	Degree & Date Conferred or Expected (Month, Day, Year)
_____	_____	_____
_____	_____	_____

**GRADUATE/PROFESSIONAL SCHOOLS ATTENDED (LIST IN CHRONOLOGICAL ORDER)**

Institution	Date of Attendance	Degree & Date Conferred or Expected (Month, Day, Year)
_____	_____	_____
_____	_____	_____

Name (AS YOU WISH IT TO APPEAR ON PLAQUE) \_\_\_\_\_

I agree to be governed by the Laws of the Life Membership Plan adopted by the 43<sup>rd</sup> Grand Conclave, December 27<sup>th</sup>-30<sup>th</sup>, 1956 and amended thereafter. I further stipulate that I have read the rules governing payment, which accompany this application.

Allow 6 to 10 weeks from receipt at International Headquarters for delivery.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_