

Name of Potential New Member	Last	First	Nickname
_____			
College/University attending			

**Alpha Phi  
Potential New Member  
REFERENCE FORM**

**ζ Alpha Phi Legacy Recommendation    ζ Potential Member Recommendation**

**Geographical information**

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Nearest metropolitan city & # of miles: \_\_\_\_\_

High school attended: \_\_\_\_\_ Class size: \_\_\_\_\_

**Class**

Age: \_\_\_\_\_ Year of Freshman admission: \_\_\_\_\_ Academic Class: ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior

**Scholarship / Education**

High School GPA / GPA Grade Scale: \_\_\_\_\_ GPA includes AP courses ζ Yes ζ No

College attended: \_\_\_\_\_ City / State: \_\_\_\_\_

Terms / Hours completed: \_\_\_\_\_ College GPA: \_\_\_\_\_

**Family Information**

Names of parents / guardians: \_\_\_\_\_

ζ Alpha Phi Legacy (Grandmother, Mother, Sister)  
Name, relation & Chapter of Initiation: \_\_\_\_\_

ζ Non-Legacy Alpha Phi Relatives (Aunt, Niece, Cousin, other)  
Name, relation & Chapter of Initiation: \_\_\_\_\_

Relatives in other fraternal organizations (fraternity or sorority): \_\_\_\_\_

**Alpha Phi Member's Statement**

- ( ) I have known the potential new member personally for \_\_\_\_\_ years
- ( ) I know the potential new member's family
- ( ) Unknown but referred by reliable source

Completed by:    ζ Alumna    ζ Collegian    Chapter of Initiation & Year: \_\_\_\_\_

First name    Maiden name    Last name

\_\_\_\_\_

Street / City / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

Email address: \_\_\_\_\_

ζ I endorse this potential new member with the understanding she may become a member of Alpha Phi  
 ζ I do not wish to endorse this potential new member for membership and understand I may receive a call from an adviser

