



Alpha Phi Delta Fraternity

Central Office

3901 West 86th Street, Suite 390 ♦ Indianapolis, IN 46268-1702

Telephone: (317) 876-4688 ♦ Fax: (317) 872-1134

E-mail: apdooffice@apd.org ♦ Website: www.apd.org

Form D ♦ Graduate Debt Report

INSTRUCTIONS: This form certifies that the following brothers have graduated, or will soon graduate, in financial arrears to said chapter. It is to be completed and turned into Central Office (at the above address) at the end of each semester. Please type or hand print all information very neatly.

Chapter: _____ School: _____ Date: _____

Name	Address	Phone
1 _____ Graduated in 19__	_____ Debt owed: \$_____ Debt is from: Dues/Fees	() - _____ Other
2 _____ Graduated in 19__	_____ Debt owed: \$_____ Debt is from: Dues/Fees	() - _____ Other
3 _____ Graduated in 19__	_____ Debt owed: \$_____ Debt is from: Dues/Fees	() - _____ Other
4 _____ Graduated in 19__	_____ Debt owed: \$_____ Debt is from: Dues/Fees	() - _____ Other
5 _____ Graduated in 19__	_____ Debt owed: \$_____ Debt is from: Dues/Fees	() - _____ Other
6 _____ Graduated in 19__	_____ Debt owed: \$_____ Debt is from: Dues/Fees	() - _____ Other
7 _____ Graduated in 19__	_____ Debt owed: \$_____ Debt is from: Dues/Fees	() - _____ Other
8 _____ Graduated in 19__	_____ Debt owed: \$_____ Debt is from: Dues/Fees	() - _____ Other
9 _____ Graduated in 19__	_____ Debt owed: \$_____ Debt is from: Dues/Fees	() - _____ Other
10 _____ Graduated in 19__	_____ Debt owed: \$_____ Debt is from: Dues/Fees	() - _____ Other

Signature: _____
Chapter President

Signature: _____
Chapter Treasurer



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Form F ♦ Chapter Discipline Report

INSTRUCTIONS: This form certifies that the following disciplinary action has been taken against members of said chapter in accordance with the procedures and guidelines set down in the Constitution and Bylaws of Alpha Phi Delta and of the chapter. It is to be completed and sent to Central Office on an as-needed basis (certainly each time disciplinary action is taken). This form must be turned into Central Office (at the above address) within 14 days of the discipline. Please type or hand print all information very neatly.

Chapter: _____ School: _____ Date: _____

Name	Address	Phone
1 _____	_____	() - _____

Charges: _____

Action Taken: Warning Probation by President Probation Suspension Expulsion

If expulsion has occurred state so in a formal letter so the member may be purged from our records.

2 _____	_____	() - _____
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Charges: _____

Action Taken: Warning Probation by President Probation Suspension Expulsion

If expulsion has occurred state so in a formal letter so the member may be purged from our records.

3 _____	_____	() - _____
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Charges: _____

Action Taken: Warning Probation by President Probation Suspension Expulsion

If expulsion has occurred state so in a formal letter so the member may be purged from our records.

4 _____	_____	() - _____
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Charges: _____

Action Taken: Warning Probation by President Probation Suspension Expulsion

If expulsion has occurred state so in a formal letter so the member may be purged from our records.

5 _____	_____	() - _____
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Charges: _____

Action Taken: Warning Probation by President Probation Suspension Expulsion

If expulsion has occurred state so in a formal letter so the member may be purged from our records.

Signature: _____ Signature: _____ Signature: _____

Chapter President

Judiciary Chairman (if applicable)

Chapter Secretary



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Form G ♦ Financial Report

INSTRUCTIONS: This form is to be completed and turned into Central Office (at the above address) by October 15 in the fall semester and February 15 in the spring semester. Please type or hand print all information very neatly.

Chapter: _____ School: _____ Date: _____

Chapter maintains a:

Savings Account

Bank Name: _____

Account Balance: \$ _____

This account is is not in the name of Alpha Phi Delta.

Checking Account

Bank Name: _____

Account Balance: \$ _____

This account is is not in the name of Alpha Phi Delta.

Other Account

Bank Name: _____

Account Balance: \$ _____

This account is is not in the name of Alpha Phi Delta.

Chapter Dues are payable:

\$ _____ monthly

\$ _____ bi-monthly

\$ _____ quarterly

\$ _____ each semester

\$ _____ yearly

House Dues:

_____ number of brothers living in the chapter house

\$ _____ monthly house payment made by those brothers living in the house

\$ _____ total amount of rent per month

Chapter Debt information:

\$ _____ outstanding debt (i.e. accounts receivable)

\$ _____ outstanding bills (i.e. accounts payable)

\$ _____ outstanding to National Fraternity

\$ _____ total dues per year per member

\$ _____ total outstanding debt from current undergraduate chapter members

Signature: _____

Signature: _____

Chapter President

Chapter Treasurer



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FOR GOD AND COUNTRY

Form H ♦ Community Service & Philanthropy Report

INSTRUCTIONS: This form is to be completed and turned into Central Office (at the above address) by October 15 in the fall semester and February 15 in the spring semester. Please type or hand print all information very neatly.

_____ Chapter / Colony Alumni Club / Association has made the following achievements in the area of community service, philanthropy and/or academics.

1. Community Service Philanthropy Academics

For what group (if academic, name honor, program, or school): _____

List the dates and describe the service performed, funds raised, or achievements:

2. Community Service Philanthropy Academics

For what group (if academic, name honor, program, or school): _____

List the dates and describe the service performed, funds raised, or achievements:

3. Community Service Philanthropy Academics

For what group (if academic, name honor, program, or school): _____

List the dates and describe the service performed, funds raised, or achievements:

4. Community Service Philanthropy Academics

For what group (if academic, name honor, program, or school): _____

List the dates and describe the service performed, funds raised, or achievements:

Signature:

President

Date



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Form I ♦ Change of Officers Report

INSTRUCTIONS: This form is to be completed by the Chapter President or Secretary and sent to Central Office (at the above address) within one week of elections or a change of any officers. Also send a copy to your District Governor. Please type or hand print very neatly.

RULES: All Undergraduate Chapters must hold elections between November 1 and December 31; all new officers must assume office on January 1. President, Vice President, Secretary, Treasurer, Pledgemaster, Historian, and Chaplain are full one-year terms, hence no member may hold one of these seven offices if he is graduating at the end of the spring semester. No member may be elected/hold such office if his GPA is below a 2.0.

Entity: _____ School: _____ Date: _____

PRESIDENTIAL INFORMATION

President: _____ GPA _____ Home: (____) ____ - _____

Home Address: _____

School Year Address (if different): _____

School Year Telephone Number: (____) ____ - _____ E-mail Address: _____

Title	Name	GPA	Phone
Vice President	_____	_____	(____) ____ - _____
Treasurer	_____	_____	(____) ____ - _____
Corresponding Secretary	_____	_____	(____) ____ - _____
If your chapter has only one secretary, list that name here			
Recording Secretary	_____	_____	(____) ____ - _____
Pledgemaster	_____	_____	(____) ____ - _____
Historian	_____	_____	(____) ____ - _____
Chaplain	_____	_____	(____) ____ - _____

Signature:

Chapter President or Secretary