



# 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](mailto:apdooffice@apd.org) ♦ Website: [www.apd.org](http://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 _____	_____	( ) - _____
---------	-------	-------------

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