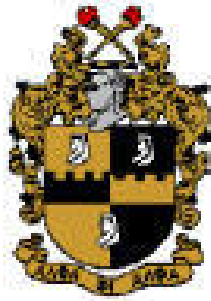


Alpha Phi Alpha Fraternity, Inc.
Rho Zeta Lambda Chapter



Brotherhood Information Form

Personal Information

Name: _____

Birthday: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile:** _____

E-Mail Address: _____

Family

Spouse/Significant Other: _____ **Spouse Birthday:** _____ **Anniversary:** _____

Children & Ages: _____

Fraternal

Chapter of Initiation (name & location) : _____

Initiation Date: _____

Life Membership (Please Circle One) **Yes** **No**