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COLLEGE or UNIVERSITY: _____

We, the undersigned students, present these application materials, charter fee, and member dues to the Alpha Epsilon Lambda National Headquarters for consideration in granting an Alpha Epsilon Lambda chapter charter.

NAME

SIGNATURE

_____	_____
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The permanent mailing address for our chapter shall be

The first faculty advisor shall be

NAME: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: _____

DATE: _____ ADVISOR'S SIGNATURE: _____