**ALPHA ESQUIRES MEMBERSHIP APPLICATION**

The Alpha Esquires

Of

Los Angeles

*A Youth Development Program*



*Alpha Phi Alpha Fraternity, Inc.*

*Beta Psi Lambda Chapter*

*3712 W 54th St,*

*Los Angeles, CA 90043*

**APPLICANT INFORMATION**

**Photograph: Date:** Click here to enter a date.



**First Name:** Click here to enter text.

**Last Name:** Click here to enter text.

**Date of Birth:** Click here to enter text.

**Age:** Click here to enter text.

**Address:** Click here to enter text.

**Unit/Apt No.:** Click here to enter text.

**City:** Click here to enter text.

**State:** Choose an item.

**Zip Code:** Click here to enter text.

**Home Number:** Click here to enter text.

**Cell Number:** Click here to enter text.

**Email Address:** Click here to enter text.

**SCHOOL INFORMATION**

**Current School:** Click here to enter text.

**Current Grade:** Choose an item.

**Grade Point Average**: Click here to enter text.

**What is your favorite subject and why?** Click here to enter text.

**What is your least favorite subject and why?** Click here to enter text.

**Have you received D’s or F’s in any subjects?** Choose an item.

**If yes, what subjects?** Click here to enter text.

**PERSONAL INTEREST**

**What are your hobbies?** Click here to enter text.

**What do you do in your spare time?** Click here to enter text.

**Is there something you wish you could do but can’t?** Click here to enter text.

**Why do you want to be an Alpha Esquire**? Click here to enter text.

**What are your education and career goals?** Click here to enter text.

**I attest that the information provided above is true and accurate to the best of my knowledge:**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

**PARENT(S)/GUARDIAN(S) INFORMATION**

**Mother/Guardian:**

First Name: Click here to enter text.

Last Name: Click here to enter text.

Home Number: Click here to enter text.

Cell Number: Click here to enter text.

Email Address: Click here to enter text.

**Why are you enrolling your child in the Alpha Esquires Program?** Click here to enter text.

**Father/Guardian:**

First Name: Click here to enter text.

Last Name: Click here to enter text.

Home Number: Click here to enter text.

Cell Number: Click here to enter text.

Email Address: Click here to enter text.

**Why are you enrolling your child in the Alpha Esquire Program?** Click here to enter text.

**MEDICAL INFORMATION**

**Does the applicant have any medical conditions or take any medication?** Choose an item.

**If yes, please list all of the applicant’s medical conditions, medications being taken and dosages.** Click here to enter text.

**Does the applicant have any allergies or his he allergic to anything?** Choose an item.

**If so, please list all of the applicant’s allergies or things he is allergic to.** Click here to enter text.

**Physicians Name:** Click here to enter text.

**Physicians Phone No:** Click here to enter text.

**MEDIA CONSENT FORM**

I consent for the release of any media production related to my voice, picture and/or likeness and reproductions in any form with or without alterations or omissions by Alpha Esquires of Los Angeles and/or their designee, for the purpose of advertising, purpose of trade or for such purposes of a similar nature as it may be deemed necessary and advantageous. This release is irrevocable.

Please Check One:

I hereby consent: [ ]

I hereby do not consent: [ ]

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

**FIELD TRIPS**

As the Parent/Guardian of Click here to enter text., I understand that involving my son in the community is an integral part of programming for the Alpha Esquires program. I grant permission to the staff to take my son into the community for educational, vocational, and social/recreational activities. This may include the use of various transportation modes including but not limited to public transportation, chartered bus, or agency vehicle. I understand notices will be sent to me regarding each scheduled activity. If there is a specific event I do not want my son to participate I may call or write to revoke my permission. My permission as expressed in this release is valid for the duration of my child’s enrollment in the Alpha Esquires program.

Please Check One:

I hereby consent: [ ]

I hereby do not consent: [ ]

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.