

Alpha Beta Gamma™

Chapter Application Form

If you would like to submit an application for the formation of a chapter at your college you can print this form and mail it to:

Alpha Beta Gamma™
International Business Honor Society
75 Grasslands Road
Valhalla, NY 10595
Professor John D. Christesen

Date of Application _____

Chapter Adviser Information

Name of Chapter Adviser: _____

Office address of Adviser: _____

Home Address

_____ City _____ State _____ Zip _____

Office Phone _____ Fax _____ Office E-Mail

Home Phone _____

Home E-Mail _____

Would you be interested in the future, in serving on a committee? Y N

Would your college in the future, assist with a national leadership meeting? Y N

College Information

Name _____

Street Address (not P.O.Box) _____

City _____ State _____ Zip + 4 _____

College Home Page URL: _____ Would you link on Society Home
Page? _____

Number of Full-Time Faculty at College in Business Division/Department.

Year College was Established _____

List Accreditation: _____

Grading System: _____ (e.g.: A= 4.0)

Number of Credits Required for Graduation _____

Degrees offered in Business () A.A., () A.S., () A.A.S., () A.O.S.

Number of full-time students. (Head count) _____

Number of full-time business students. (Day and evening) _____

List business and related degrees and majors offered by your school. (Refer to "Eligible Disciplines" on the home page) List names of business clubs on campus.

Other Information

Type of Chapter Formation Desired: () Honorific () Academic () Academic/Social

Name of Business Division/Dept. Chair _____

Name of College President: _____

List three four-year colleges which accept many of your business transfer students:

1. Name _____ Address

City _____ State _____ Zip _____

Name of Director of Admissions: _____

2. Name _____ Address

City _____ State _____ Zip _____

Name of Director of Admissions: _____

3. Name _____ Address

City _____ State _____ Zip _____

Name of Director of Admissions: _____

Name of Your College Newspaper _____

Name of our Library Director _____

Name of Local Community
Newspaper _____

Address of Local Newspaper _____

Attach a copy of Chapter Adviser's Curriculum Vitae.

Approval of College Administration

The undersigned officer of this college agrees to have full knowledge of the goals and mission of Alpha Beta Gamma™ and approves the submission of this application to form a chapter of this society. The college understands that the sole financial responsibility of the college is a one-time Chapter Application Fee of \$500.

Student initiates of Alpha Beta Gamma™ pay a one-time lifetime membership fee which entitles them to all benefits of the society. The college agrees to exert best efforts in the identification of and approval of the chapter advisers. The college also agrees to promulgate the existence of the Alpha Beta Gamma™ chapter in the college catalog. The college agrees to add the following statement to the college catalog.

Honor Societies

(Name of your college) is accredited by Alpha Beta Gamma International Business Honor Society to initiate members into the honor society for business and related professional disciplines

The college grants permission for members of the society of Alpha Beta Gamma to wear society regalia at college graduation ceremonies. Initiates and advisers wear honor stoles and may wear medallions.

Duly signed this _____ Day of _____ Year _____

Signature of College Administrator _____

Title _____

Please include a copy of your College Catalog.

For Office Use Only

Action of Executive Board: _____ Date _____

Chapter Designation: _____

Comments: _____