

THE ALPHA PSI OMEGA THEATRE HONOR SOCIETY INITIATION REPORT

Name of College _____ Name of Cast _____

Address of College _____ Date of Initiation _____

Name of Faculty Sponsor _____ Sponsor's Signature _____

Person Completing Report _____ Signature _____

(Names of new members initiated into each cast will be forwarded to the National Business Manager along with the national initiation fee of \$30.00 per member. **Membership cards will be sent AFTER the report and dues are received and names recorded in the National Office.**)

NAMES OF INITIATES	CLASS	ADDRESS(Home)	FEES
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____

Please Do Not Send Cash

(Receipt and supplies will be sent to Faculty Sponsor unless otherwise instructed)

TOTAL FEES \$ _____

Supplies needed (payment for supplies must be enclosed): _____

Mail this form to: **Bret Jones, Alpha Psi Omega, Wichita State University, 1845 Fairmount St. Box 153, Wichita, KS 67260**