



Induction Fee Billing Form*

Name of School: _____

Induction Date: _____

Number of Inductees at \$70.00 each: _____

Number of Graduation Medallions at \$20 each: _____

Miscellaneous add-ons (ie. Replacement pin/certificate): _____

Total: _____

Please authorize check made payable to Alpha Sigma Nu for \$ _____

Remit to:
Alpha Sigma Nu
1102 W. Wisconsin Ave. #330
P.O. Box 1881
Milwaukee, WI 53201-1881

Chapter Adviser's Signature _____

Date _____

** This form is provided for your convenience, in the instance that your institution would require an official billing statement. It need not be submitted to the Central Office.*