

# Alpha Mu Gamma

## APPLICATION TO ESTABLISH A CHAPTER



### Faculty Submitting Application

Last name:		First name:	
Position:		Phone:	
Email:		Teaching subject:	

### Contact Information

Name of college:		Complete name of foreign language department:	
College president		Foreign language depart. chair:	
President's phone:		Chair's phone:	
President's email		Chair's email	

### College Address

Street:		City:	
State:		ZIP code:	

### College Information

AA: <input type="checkbox"/>	BA: <input type="checkbox"/>	MA: <input type="checkbox"/>	PhD: <input type="checkbox"/>
Total number of students in the college			

### Foreign Languages Taught at College/Total number of Students per year

Arabic:		German:		Latin:	
Armenian:		Hebrew:		Portuguese:	
Chinese:		Italian:		Russian:	
English/ESL:		Japanese:		Other ( ):	
French:		Korean:		Other ( ):	

### Request Details

The foreign language department of \_\_\_\_\_ herewith applies for a chapter in Alpha Mu Gamma. The chapter fee payment of \$100.00 and a recent copy of college catalog are enclosed.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Instruction-PLEASE READ IMPORTANT

Please mail the following to the address below:

1. Completed application for Charter
2. Check for \$100.00 made out to "Alpha Mu Gamma National"
3. A recent copy of college catalog

Alpha Mu Gamma National Office  
Los Angeles City College  
855 N. Vermont Ave  
Los Angeles, CA 90029

Phone & Fax: (323) 644-9752  
[amgnat@lacitycollege.edu](mailto:amgnat@lacitycollege.edu)