Lambda Epsilon Chi
INDUCTEE FORM

Name of Chapter: _____

Calculation Affirmation: Describe here, or on a separate page, the method used to calculate "two-thirds of the program requirements" for determination of the total number of students eligible for induction, as required under Section V.2) of the LEX Charter, as amended 2/14/2004.
Must be submitted for approval.

Student name as it is to appear on certificate – *PRINT NEATLY*	**Student Email – *PRINT NEATLY***	**GPA**

Date of Induction: _____
Required Month/Day/Year
(Please allow 4 weeks for processing)

Signed: _____
Program Director

Date: _____

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List Additional Students as Needed **Name of Chapter: _____**

Student name as it is to appear on certificate – *PRINT NEATLY*	**Student Email – *PRINT NEATLY***	**GPA**

Lambda Epsilon Chi (LEX)
INVOICE

Name of Chapter: _____

Quantity	Description	Unit Price	Total
_____	LEX Certificate and Pin (Induction fee)	$30.00	$_____
_____	LEX Graduation Sash	$30.00	$_____
_____	LEX Banner	$130.00	$_____
_____	LEX Expedited Shipping	$25.00	$_____
	(If applicable please see below)		
	Amount Paid		$_____

AAfPE will continue to pay standard mailing costs for orders placed within a two-week delivery date. Express shipping costs for induction certificates, pins and sashes will be billed to the LEX chapter.

Please allow for a an additional 3–5 days for review of your order form by the LEX National Coordinator, to verify that students have met the eligibility and program requirements for induction into LEX.

Check details:

Payable to: AAfPE
Check #:_____ Amount $:_____

Card Details:

Select Card Type: ☐ **Amex** ☐ **Visa** ☐ **MasterCard**

Name on Card: _____

Signature of card holder: _____

Authorized Amount: $_____

Card Number : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date: ☐☐☐☐

Please mail form and payment to: AAfPE, 19 Mantua Rd., Mt. Royal, NJ 08061
Phone: 856-423-2829 Fax: 856-423-3420 Email: info@aafpe.org

Rev. 02/17/12 KS