

OMEGA PSI PHI FRATERNITY, INC.

**SUPPLEMENTAL INFORMATIONAL DATA FORM
FOR OMEGA FORM 2A - REMITTANCE OF FUNDS**

BY _____ CHAPTER

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY FOR EACH BROTHER WHOSE CONTROL NUMBER IS *NOT* INCLUDED ON THE FORM 2-A REMITTANCE OF FUNDS

1. Brothers Official Full Name _____

2. Amount of Remittance \$ _____ Type Reg Life

3. Current Mailing Address _____

City _____ State _____ Zip _____

4. Chapter Through Which Initiated _____

5. Date of Initiation _____
Month Day Year

6. Chapters Affiliated with since Initiation:

Chapter _____ Location _____

Chapter _____ Location _____

Chapter _____ Location _____

7. Date in which dues were last paid to the National Office _____
Month Year

8. Chapter through which dues were last paid to National Office.

Mail to: International Headquarters
3951 SNAPFINGER PARKWAY

DECATUR, GEORGIA 30035