OMEGA PSI PHI FRATERNITY, INC.

	Ye	ear
		Chapter:
		Address:
	District Meeting	
TO WHOM	M IT MAY CONCERN:	
Thi	s is to certify that brother	
control/me	mbership #	is a bona fide member of
	Chapter and is	s in good financial standing. He has been duly
elected as a	delegate to the	District Meeting and is to have all the
rights and p	privileges pertaining thereto.	
		Fraternally yours,
		Basileus
		Keeper of Records & Seal
Address of	Delegate:	
NOTE:	Send this letter to the Distr least fifteen (15) days prior	ict Representative and the District Marshal at to the District Meeting.
	Send a copy to the National Decatur, GA. 30035	al Office, 3951 Snapfinger Parkway

Also send a copy to the Chairman of the Credentials Committee.