



LAMBDA EPSILON CHI

National Honor Society in Paralegal/Legal Assistant Studies

Application for Chapter

Name of Institution: _____

Name of Program Director: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Name of Institution as it is to appear in Name of Chapter:

Is your institution a member in good standing of AAfPE? Yes No
(as defined in Section III of the Lambda Epsilon Chi Charter)

Attach to this application a statement for your institution containing the following:

1. Your institution's definition of "superior academic performance". Please identify the criteria that will be used, e.g., grade point average, etc.
2. The times during the year when your institution expects to induct persons into LEX.
3. A description of how your institution will determine "two-thirds of the program requirements".

Application fee: \$100.00. (NOTE: This fee must accompany application. Applications submitted with fee will not be reviewed until fee is paid. There will be no exceptions. Mail to AAfPE, 19 Mantua Road, Mt. Royal, NJ 08061. Fax credit card payments to: 856-423-3420)

Method of payment Check (payable to: **AAfPE**); Credit Card

Credit card type & no.: _____ Exp. Date: ____/____/____ Initials: _____

The institution named herein agrees to comply with and abide by all rules and regulations contained in the Charter of Lambda Epsilon Chi and acknowledges receipt of a copy thereof. Said institution also agrees to comply with all requests for information and the decisions of the National Coordinator of Lambda Epsilon Chi.

Institution: _____ By: _____
(Program Director)

605 Date: _____ Printed Name: _____