# Kappa Kappa Psi Fraternity
## ALUMNI ASSOCIATION

## MEMBERSHIP FORM

**NOTE: Forms accepted at any time**
**June 1 – May 31 Association Member Period**
**May Graduates – one year complimentary membership (June 1 – May 31)**
**December Graduates – one year, five month's complimentary membership**
**(January 1 –December 31 and January 1 – May 31)**

Benefits include:
Alumni Association Shingle, Alumni Association Member Card, Podium for one year, Graduating Seniors – one year complimentary membership, All benefits of Fraternity Alumni, Convention attendance at actives fee rate, and Life Members are a part of the Alumni Association (no annual fee).

☐ New Member ☐ Renewal

Name: _____ _____
(Last) (First) (Middle) (Maiden) (Todays Date)

Permanent Address: _____
(Street)

_____
(City) (State) (9-Digit Zip Code)

Phone: (_____)_____ (_____)_____ E-mail Address: _____
(Work) (Home)

Graduation Date:_____ Occupation: _____

Chapter Initiated: _____ _____
(Greek Name) (College/University)

Date of Initiation: _____
(Fall/Spring) (Year)

Your MEMBERSHIP Status: Life Member _____ Alumni _____ Honorary_____

Local Associations: _____
(List all KKΨ Alumni Associations you belong to)

**PAYMENT INFORMATION:**

Annual Dues @ $50.00 $_____ (Life Members put $ -0- no dues for Life Members)

Additional Contribution to KKΨ $_____

**Total Payment** $_____

*Dues include programming, Podium, Trust Fund donation, insurance and alumni program expenses.*

**Make checks payable to "Kappa Kappa Psi Alumni Association"**

**Credit Card Payments**

Name on Card: _____ VISA [ ] MASTERCARD [ ]
Card #: _____ Exp. Date: _____
**For Headquarters Staff Only:** NHQ Auth: _____ NHQ Receipt: _____ NHQ Initials: _____

Return Completed Form to:
**Kappa Kappa Psi, National Headquarters, P.O. Box 849, Stillwater, OK 74076-0849**