

NAME ON CARD:

CARD NUMBER:

For Headquarters Staff Only:

ALUMNI ASSOCIATION MEMBERSHIP FORM

□ VISA □ MASTERCARD

EXP. DATE: _____

NHQ Initials:

Forms are accepted at any time. Annual Membership period is from January 1- December 31. Renewals for each year begin on December 1.

Graduating Seniors are granted complimentary membership into the Alumni Association based on the time of year they graduate. May Graduates receive one year and seven months of complimentary membership (June 1 – December 31 of the next year). December Graduates receive one year of complimentary membership (January 1 – December 31). The chapter must submit a Graduating Senior Report for graduating seniors to receive their complimentary year.

Benefits include: Alumni Association Member Card, Podium for one year (paid members). Ability to attend District and National Conventions.

Life members must complete the Alumni Association Membership Form each year in order to maintain membership in the Alumni Association; however, they do not have to pay an annual membership fee. ☐ New Member ☐ Renewal Name: Date: _____ (Maiden) (Street) Permanent Address: (City) (State) Home Phone: Mobile Phone: Fmail Address: Occupation: **Graduation Date:** Date Initiated: __ **Chapter Initiated:** College/University: _ Membership Status: ☐ Life ☐ Alumni ☐ Honorary List all Local Associations of which you are a member: **PAYMENT INFORMATION** \$ _____(Life Members, indicate \$0.00) Annual Dues @ \$50.00: Additional Contribution to KKYAA: \$ _____ **Total Payment:** Make checks payable to "Kappa Kappa Psi Alumni Association" CREDIT CARD PAYMENTS

By submitting this form and paying membership dues, all members of ΚΚΨΑΑ agree to adhere to the policies and procedures of the Fraternity and ΚΚΨΑΑ as set out in the National Constitutions and relevant policies of these national organizations. Members of ΚΚΨΑΑ shall recognize the elected and appointed officers, representatives, and/or employees of these national organizations in questions of policy, and they shall not engage in activities designed to circumvent Fraternity or ΚΚΨΑΑ policies.

Please submit form with payment to: Kappa Kappa Psi National HQ, PO Box 849, Stillwater, OK 74076-0849

NHQ Receipt:

NHQ Auth: