Kappa Kappa Psi & Tau Beta Sigma
National Alumni Association
Membership/Renewal Application

NOTE: Membership year is January 1 to December 31.

❒ New Membership ❒ Renewal

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

Permanent Address: _____
(Street)

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

Work Phone: _____ Home Phone: _____ E-mail: _____

Chapter Initiated: _____ ❒ KKΨ ❒TBΣ
(Greek Name) (College/University)

Date of Initiation: _____ Are you a Life Member: (check one) Yes ❒ No ❒
(Fall/Spring) (Year)

Other Chapters/Districts:

_____Honorary ❒ Transfer ❒ KKΨ ❒ TBΣ ❒ Date: _____
(Greek Name/District/College-University)

_____Honorary ❒ Transfer ❒ KKΨ ❒ TBΣ ❒ Date: _____
(Greek Name/District/College-University)

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

May we use your information for fundraising purposes? ❒ Yes ❒ No

Indicate District for $5 allocation: ❒ Midwest ❒ Southeast ❒ North Central ❒ Southwest ❒ Northeast ❒ Western

Indicate District in which you wish to vote: ❒ Midwest ❒ Southeast ❒ North Central ❒ Southwest ❒ Northeast ❒ Western

PAYMENT INFORMATION:

Annual Dues @ $25.00	$ _____	for Jan 1, _____ to Dec 31, _____
Endowment Development Fund	$ _____	($5 recommended)
NAA Programs	$ _____	
PODIUM Subscription ($10.00 x __years)	$ _____	
Life Membership Payment @ $250.00	$ _____	
TOTAL AMOUNT ENCLOSED	$ _____	

*(includes lifetime subscription to *The PODIUM* and a 1-year membership in the NAA)

Make checks payable to "National Alumni Association"

Credit Card Payments

Name on Card: _____ VISA ❒ MASTERCARD ❒
Card #: _____ Exp. Date: _____
For HQ Staff Only: NHQ Auth: _____ NHQ Receipt: _____ NHQ Initials: _____

Return Completed Form to:

Kappa Kappa Psi & Tau Beta Sigma, National Headquarters, P.O. Box 849, Stillwater, OK 74076-0849
Questions: Call 1-800-543-6505

Revised 11/03