

Instructions: Fill in responses then print out form

**MEMBERSHIP APPLICATION
ALPHA KAPPA DELTA**

Congratulations on your eligibility for membership in Alpha Kappa Delta honor society. To become a member, complete and return this form, along with the lifetime membership fee of \$45.00, to Dr. Thomas Kersen, faculty advisor, Room 559/561 of Stevens Hall.

First Name **Middle Name** **Last Name**

Student Number

Your PERMANENT address where the journal can be mailed to you, without forwarding, during the coming year (Please Print)

Address **City** **State**

Zip Code

Local Address **City** **State**

Zip Code

Telephone Number **Campus Mailbox**

Class		Major	Minor
Junior	<input type="checkbox"/>	_____	_____
Senior	<input type="checkbox"/>		

Anticipated Graduation Date

_____	Month	Year
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I have enclosed \$45.00 by:

Check	<input type="checkbox"/>	Cash	<input type="checkbox"/>
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Signature **Date**