



Alpha Kappa Psi Membership Application



Contact Information:

Name: _____

Campus Address: _____

City: _____ State: _____ Zip: _____

Campus Phone: _____ E-mail: _____

Academic Status:

Classification: _____ Expected Graduation: _____

Major(s): _____ GPA: _____

Tell us about yourself...

Why do you want to become a member of Alpha Kappa Psi?

What other hobbies, campus involvements, and extra curricular activities do you participate in?

Please include any other information you feel is pertinent in considering your application for membership:

Please attach a copy of your resume and place in the Alpha Kappa Psi mailbox in 1200 Gerdin.