



KAPPA ALPHA PSI FRATERNITY INC.
ST. LOUIS ALUMNI CHAPTER
GUIDE RIGHT PROGRAM



KAPPA LEAGUE PROGRAM
MEMBERSHIP APPLICATION

(Please Print)

PERSONAL INFORMATION

Print Name in Full _____
(Last) (First) (Middle)

Age _____ Date of Birth _____ Current Grade _____

Present Address _____
(Street) (City) (State)
(Zip)

Home Telephone Number _____
(Area Code) (Number)

Cell Telephone Number _____
(Area Code) (Number)

Email Address _____

Parent(s)/Guardian(s) Name _____
(Last) (First)

Parent(s)/Guardian(s) Address _____
(Street) (City) (State) (Zip)

Parent(s)/Guardian(s) Telephone Number _____
(Area Code) (Number)

Parent(s)/Guardian(s) Email Address _____

APPLICANT'S ACKNOWLEDGEMENT

I wish to participate in the St. Louis Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. Guide Right/Kappa League Program. I agree to obey the rules of the program, and at any time I can /will be expelled from the Kappa League program for conduct that is detrimental to the program.

APPLICANT'S SIGNATURE _____ DATE _____