



**THE NORTHEASTERN PROVINCE
KAPPA ALPHA PSI FRATERNITY,
INC.**

**TRAINING FOR LEADERSHIP SINCE 1911
PROVINCE LIFE MEMBERSHIP APPLICATION
(Please Print Except Where Signatures Are Required)**

Date _____

MAIL TO: Northeastern Province Life Membership Chairman
Alvin K. Knight, Chairman
Pole4QA@hotmail.com
Province Life Member Committee
451 Locust Court
Rockville Center, NY 11570-3329

Life Member Information

Name: _____
(last) (first) (middle initial)

Address: _____

Telephone: (home) _____
(work) _____

Email: (mobile & e-mail address) _____

Date of Birth: _____

Chapter & Year of Initiation: _____

Last Chapter of Affiliation: _____

REMITTANCE:

Submitted herewith is a check or money order, made payable to the "NORTHEASTERN PROVINCE", KAPPA ALPHA PSI FRATERNITY in the amount of \$ _____ for the enrollment in the Northeastern Province Life Membership Program.

Signatures

- Note: a) To be executed by Chapter Polemarch
b) To be executed by Chapter Keeper of Records

1) This is to certify that the applicant Brother listed above has satisfied the financial obligation of the local Chapter and Province jurisdiction.

Signature of Polemarch

Signature of Keeper of Records

Signature of Applicant

For NEPLM Committee USE Only



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Application Complete _____ NEPLM # _____ Membership Certificate _____
Membership Pin _____ Membership Card _____
