



# KAPPA ALPHA PSI FRATERNITY, INC.®



## MEMBER RECLAMATION FORM (MRF)

Full Name \* \_\_\_\_\_ Member ID# \_\_\_\_\_  
(Last) (First) (Middle)

Current Address \* \_\_\_\_\_  
(Complete address) Street City State zip code

Telephone Number\* \_\_\_\_\_ Alternate Number \_\_\_\_\_ Business Number \_\_\_\_\_

Chapter of Initiation \* \_\_\_\_\_ Date of Initiation \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_ Email Address \_\_\_\_\_  
2<sup>nd</sup> Email Address \_\_\_\_\_

**Mail or fax form to:**  
**Kappa Alpha Psi Fraternity, Inc.**  
**International Headquarters**  
**2322-24 North Broad Street**  
**Philadelphia, PA 19132**  
**(215) 228-7184 (office) (215) 228-7181 (fax)**

**\$300 – Local Alumni Dues**  
**\$150 – National Dues**  
**\$100 -Housing Assessment**  
**\$10 – If Inactive 4+ years**  
**\$5 – If Inactive 1-3 years**

\* These items are 'required' fields to be completed

◇ One time Fee for those initiated before 1990