



The Eastern Province
KAPPA ALPHA PSI FRATERNITY, INC.

TRAINING FOR LEADERSHIP SINCE 1911

Life Membership Application*

Date of Submission: _____ Membership Number: _____

Full Name: _____

Current Chapter: _____ Date of Birth: _____

Home Address: _____

Telephone Number: _____

E-mail Address: _____

You must be currently “In Good Standing” on all three levels of Kappa Alpha Psi Fraternity, Inc. and have attained the age of 60 years old or older at the time of submission to become an Eastern Province Life Member.

I agree to participate in the Eastern Province Life Membership program as follows:

- Option 1: Life Member – (\$500 payment in full)** This option requires the payment in full at the time of submittal of the Life Membership Application (LMA). **\$500 – Payment in Full**
- Option 2: Suscribing Life Member – (Initial payment of \$300)** This option requires an initial payment of \$300 with the balance of \$200 to be paid within one calendar year from the date of LMA submittal. If final payments are not received by the Eastern Province Keeper of Records according to the payment schedule, your subscribing LM plan may default and your status will be returned to an annual dues payer.

Make Checks payable to: Eastern Province, Kappa Alpha Psi Fraternity, Inc.
In memo line add Life Membership

Return application and appropriate payment:
Eastern Province Keeper of Records
c/o Life Membership Committee
P.O. Box 6147
Williamsburg, VA 23188

Address all questions to:
Mario T. Price, Esq., Chairman
Eastern Province Life Membership
(214) 597-8253
Price.Mario@gmail.com

Note: Please print legibly in order to ensure the committee can process LM application without delay.

* This LMA reflects a limited-time promotional discount and may be subject to change or revocation.