



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 _____
2nd 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)

\$150 – Alumni Annual Dues
\$100 – Housing Assessment Fee ◇
Reinstatement Fees
\$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