



# LAMBDA KAPPA SIGMA

## ALUMNI INITIATE APPLICATION FORM

(please print all information)

Name \_\_\_\_\_ Submission Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ Email \_\_\_\_\_

Education (please attach a copy of your pharmacy diploma or pharmacist license)

College/University

Degree

Date of Graduation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

States Licensed in \_\_\_\_\_

Professional Experience (you may attach a current resume if available)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals and objectives in joining Lambda Kappa Sigma?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsoring Member/Chapter Signature \_\_\_\_\_

When and where initiation will take place \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

This application must be accompanied by \$75 and a completed Master Member Information Sheet.