

DELTA KAPPA EPSILON PERSONAL RECORD FORM

Chapter _____ Graduation Year _____ Today's Date _____

Social Security # _____

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Date of Initiation _____
MM/DD/YYYY MM/DD/YYYY

HOME ADDRESS

Street _____ City _____ State/Province _____

Postal/Zip Code _____ Phone _____ Email _____

PARENTS' HOME

(if different from above)

Street _____ City _____ State/Province _____

Postal/Zip Code _____ Phone _____ Email _____

SCHOOL ADDRESS

Street _____ City _____ State/Province _____

Postal/Zip Code _____ Phone _____ Email _____

Prepared for College at

Name _____

City _____

State/Province _____

Currently at College

Course/Major _____

Degree Program _____

Full Name of Father/Guardian _____

Father's occupation _____

Father's college/university _____

Father's year of college graduation _____

Father's fraternity _____

RELATIVES IN DELTA KAPPA EPSILON

Name _____ Relation to you (father, brother, uncle, grandfather, etc.) _____

ALL FEES ARE DUE AND PAYABLE PRIOR TO INITIATION

Pledge fees are \$300. Annual insurance assessment is \$175. Annual dues are \$75.

There are two options available to make the payment of \$550.

Option 1: Please follow this link to make a credit card payment:
http://dke.org/site/undergraduates/new_member_registration_fees.php

Option 2: Send a check to **Delta Kappa Epsilon International P.O. Box 8360 Ann Arbor, MI 48107** with the following:
Name and **Chapter** on check, Payment of \$550, Typed copy of this form
Make payable to **Delta Kappa Epsilon International**

A check made payable to Delta Kappa Epsilon International is enclosed

Signature: _____