Kappa Delta Phi National Fraternity
Associate Member Application

NAME (PRINT)	SIGNED	SOCIAL SECURITI' NUMBER

I understand that my eligibility for membership, and once initiated, my ongoing membership status are subject to minimum academic standards of Kappa Delta Phi Fraternity.

Further, I understand that the Fraternity conducts a scholastic achievement and recognition program, the success of which is dependent upon reliable scholarship information. I do, therefore, give permission to and request that the university or college at which I am enrolled release my academic records, upon written request, to a chapter advisor or national officer of Kappa Delta Phi Fraternity.

A copy of this form must be returned with KDP New Brother Form.