THE KAPPA DELTA PHI DISTINGUISHED SERVICE AWARD

SPONSOR APPLICATION

Name of sponsor_____ Chapter _____

Address_____ Tel._____

_____ Life membership #_____

Or

_____ Year of pledge class _____

Enclosed sponsorship fee of $25.00

Brother to be Sponsored

Name_____ Chapter_____

Address if alive_____ Tel _____-

_____ Life membership #_____

Or

_____ Year of pledge class _____

_____Check if deceased

Biography of brother to be sponsored. Be sure to include whatever he has done to deserve this recognition. (Use back of application if necessary.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Send to: Kappa Delta Phi
National Headquarters
7 Sycamore Drive
Coventry, RI 02816