

**DELTA ALPHA PI INTERNATIONAL HONOR SOCIETY
IOTA CHAPTER REGISTRATION FORM**

Please print your name as you would like it to appear on your membership certificate.
Return this form to the Disability Services Office, along with the \$25.00 initiation fee.
(Make your check payable to Kutztown University.)

Last Name _____

First Name _____

Middle Name/Initial (optional) _____

KU ID _____

KU Email _____

Major _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate Student _____

Expected Graduation Date (month/year) _____

Do you plan to attend the Induction Ceremony on Monday, April 20, 2020 5-6 pm?

Yes _____ No _____

How many guests will attend the ceremony with you (you may bring up to 2 guests)?

0 _____ 1 _____ 2 _____

Please list the full names of your two guests on the lines below.

Date Received _____ Cash _____ Check Received # _____ Certificate _____ Database _____