



KAPPA ALPHA PSI FRATERNITY, INC.[®]
APPROVED ALUMNI CANDIDATE CHECKLIST
(Please complete and submit a checklist for each candidate)



Chapter: _____

Candidate Name: _____

(3 complete packets of information per candidate – 1 Original / 2 Copies)

(Inclusion of all items listed are required to make a complete packet)

		YES	NO
1.	a. 3 Copies of Alumni Request to Initiate Form, MOIP #ACRI-61	☐	☐
	b. Membership Intake & Indemnification Agreement	☐	☐
2.	3 Copies of New Membership Application Form, MOIP #U/AMA-50 [w/ 5 letters of recommendation]	☐	☐
3.	3 Copies of official transcript(s) w/ university seal	☐	☐
4.	3 Copies of undergraduate degree (photo copy of original)	☐	☐
5.	3 Copies of Candidate Approval Form for Membership MOIP #U/ACAFM-64 [w/ minimum 75% Confirmation Vote For Approval]	☐	☐
6.	Province Balance Sheet (Grand Chapter/Province Fees) [Only one form per chapter is required for all candidates]	☐	☐
7.	Payment for Grand Chapter Fees Included *Money Order or Certified Check **No Personal Checks [Unless otherwise instructed, <u>make payable to Province</u>] [Only one check per chapter is required for all candidates]	☐	☐
8.	Payment for Province Fees Included *Chapter Check, Money Order, or Certified Check **No Personal Checks [<u>Make check payable to Province</u>] [Only one check per chapter is required for all candidates]	☐	☐

Chapter Polemarch: _____ **Date:** _____

Keeper of Exchequer: _____ **Date:** _____

Keeper of Records: _____ **Date:** _____

MOIP Coordinator: _____ **Date:** _____

Province MOIP Coordinator _____ **Date:** _____

Province Polemarch: _____ **Date:** _____