Life Loyal Enrollment Form

I am enrolling myse	elf in Life Loyal			
I am buying a Life I	oyal enrollment for a mer	mber		
Life Loyal member's name:				
(First)	(Maiden)		(Last)	
Life Loyal member's initiating school:			, ,	
Life Loyal member's init				
	Loyal member:			
Walling address of Life L	Street			
City	State/Province	ZIP/Postal Code	Country	
Phone number of Life Lo	oyal member:			
Email address of Life Lo	yal member:			
Name of gift giver (if app	olicable):			
Address of gift giver (if a	applicable):			
	ver (if applicable):			
	er (if applicable):			
Please do not send magazine. Do not list my nam	me premiums (pin, card, e	etc.). I want only to contin	ue to receive the	
Life Loyal Payr	nent Options			
I have enclosed a c	heck payable to Kappa Alp	oha Theta Fraternity for \$2	299.	
Charge my credit c		j		
(options only for 50-plus-year Thetas)				
Charge my credit c	heck payable to Kappa Alp ard \$189.	ona Theta Fraternity for \$1	189.	

CREDIT CARD INFORMATION	SEND THIS FORM AND PAYMENT TO
Credit card number:	Kappa Alpha Theta, Life Loyal
	8740 Founders Road
Expiration date:	Indianapolis, IN 46268
Security code:	
Signature:	You may also email
	thetalifeloyal@kappaalphatheta.org,
Name on credit card:	call (800) 526-1870 ext. 140, or visit
	kappaalphatheta.org to become a member.

Payments made to Kappa Alpha Theta Fraternity are not tax-deductible.