



KAPPA ALPHA THETA

Life Loyal Enrollment Form

I am enrolling myself in Life Loyal
 I am buying a Life Loyal enrollment for a member
 Life Loyal member's name:

 (First) (Maiden) (Last)

Life Loyal member's initiating school: _____

Life Loyal member's initiating chapter: _____

Mailing address of Life Loyal member: _____
 Street

 City State/Province ZIP/Postal Code Country

Phone number of Life Loyal member: _____

Email address of Life Loyal member: _____

Name of gift giver (if applicable): _____

Phone number of gift giver (if applicable): _____

Email address of gift giver (if applicable): _____

Please do not send me premiums (pin, card, etc.). I want only to continue to receive the magazine.

Please do not list my name in the magazine.

LIFE LOYAL PAYMENT OPTIONS

I have enclosed a check payable to Kappa Alpha Theta Fraternity for \$299.

Charge my credit card \$299.

LIFE LOYAL PAYMENT OPTIONS FOR 50-YEAR THETAS

(options only for 50-plus-year Thetas)

I have enclosed a check payable to Kappa Alpha Theta Fraternity for \$189.

Charge my credit card \$189.

CREDIT CARD INFORMATION

Credit card number: _____

Expiration date: _____

Security code: _____

Signature: _____

SEND THIS FORM AND PAYMENT TO:

Kappa Alpha Theta, Life Loyal
 8740 Founders Road
 Indianapolis, IN 46268

You may also email thetalifeloyal@kappaalphatheta.org,
 call (800) 526-1870 ext. 140 or visit
kappaalphatheta.org to become a member.