



Pledge Application

ALPHA KAPPA PSI

Zeta Phi Chapter

Please attach additional pages (questions 1-4) to this application

Name _____ A# 00-_____

Date of Birth _____ Year in school: FR SO JR SR GPA _____

Graduation Date _____ Major/Minor _____

Home Address _____

Email Address _____ Phone # _____

Parent's Name(s), Address, and Phone Number _____

1. Why do you want to be in Alpha Kappa Psi?

2. What qualities do you have that would enhance a professional fraternity like Alpha Kappa Psi?

3. What are some of your business-related interests?

4. What other organizations are you involved in and what position(s) have you held?

Please attach headshot (preferably professional), resume, and class schedule to complete application. Applications can be handed to an AKPsi Brother or submitted to membership.akpsi.zetaphi@gmail.com.