



LAMBDA KAPPA SIGMA

ALUMNI INITIATE APPLICATION FORM

(please print all information)

Name _____ Submission Date _____

Address _____

City, State, Zip _____

Phone (H) _____ Email _____

Education (please attach a copy of your pharmacy diploma or pharmacist license)

College/University

Degree

Date of Graduation

States Licensed in _____

Professional Experience (you may attach a current resume if available)

What are your goals and objectives in joining Lambda Kappa Sigma?

Sponsoring Member/Chapter Signature _____

When and where initiation will take place _____

Signature of Applicant _____ Date _____

This application must be accompanied by \$75 and a completed Master Member Information Sheet.