



LAMBDA KAPPA SIGMA MASTER MEMBER INPUT SHEET (MMIS)

Please print or type all information

Date of Report: _____

Member Classification: Student Alumni

Member Status: New Active
 Inactive Resigned/Quit

Purpose of Report: New Initiate Name/Address Change Graduation Notice
 Resignation Chapter Change Other _____

MEMBER NAME AND CONTACT INFORMATION

Last Name: _____ First: _____ Middle: _____ Maiden: _____

Address1: _____ Home Phone: (_____) _____

Address2: _____ Work Phone: (_____) _____

City/State/Zip: _____ Cell Phone: (_____) _____

Date of Birth (MM/DD/YEAR): ____/____/____ Email: _____

FRATERNITY AND PROFESSIONAL INFORMATION

Chapter Name: _____ School: _____

Initiation Date (MM/DD/YEAR): ____/____/____ Year of Graduation (YEAR): _____

Occupation: 01-Institutional 02-Retail 03-Instructor/Teacher 04-Industry
 05-Other 06-Retired 07-Student

Return completed form to:

Lambda Kappa Sigma
PO BOX 570
Muskego WI 53150-0570
800-LKS-1913
262-679-4558 Fax
lks@lks.org or www.lks.org

For office use only

Date Rec'd: _____

Date Pd: _____ Ck#: _____

Date Entered: _____ By: _____