

KAPPA LAMBDA PSI SORORITY, INC.

OFFICIAL MEMBERSHIP APPLICATION

Applicant Notice: This application helps Kappa Lambda Psi Sorority, Inc. learn about prospective members and their alignment with sisterhood, literacy, service, leadership, and community engagement. Completion does not guarantee membership or admission into an intake process.

SECTION I - APPLICANT INFORMATION

Full Legal Name

Preferred Name

Date of Birth

Pronouns (optional)

Street Address

City / State

ZIP Code

Phone Number

Email Address

Occupation

Employer

Preferred method of contact:

☐ Phone

☐ Text

☐ Email

SECTION II - ELIGIBILITY & CONNECTION

Are you currently an active member of the affiliated book club/literary community?

☐ Yes

☐ No

If yes, how long?

Have you attended an in-person meeting or Kappa Lambda Psi community event?

☐ Yes

☐ No

Event/meeting:

How did you hear about Kappa Lambda Psi Sorority, Inc.?

☐ Member referral

☐ Book club

☐ Community event

☐ Social media

Other:

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SECTION III - INTEREST, VALUES & SERVICE

1. Why are you interested in becoming a member of Kappa Lambda Psi Sorority, Inc.?

2. What does sisterhood mean to you?

3. What role does literacy, reading, or storytelling play in your life?

4. Describe volunteer, service, mentoring, or community involvement you have participated in.

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SECTION IV - MEMBERSHIP READINESS

Which areas are you most interested in supporting? Check all that apply.

- | | | |
|--|--|--|
| ☐ Literacy & youth programs | ☐ Fundraising | ☐ Community service |
| ☐ Event planning | ☐ Member engagement | ☐ Chapter development |
| ☐ Other | | |

Are you willing to participate in required meetings, service activities, and sorority events?

- ☐ Yes ☐ No

Are you willing to follow the bylaws, policies, standards, and code of conduct?

- ☐ Yes ☐ No

Are you willing to complete any required orientation, probationary, or intake period?

- ☐ Yes ☐ No

Will you uphold a strict no-hazing standard and treat others with dignity and respect?

- ☐ Yes ☐ No

What strengths, skills, talents, or experiences would you bring to the sorority?

What do you hope to gain from membership?

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SECTION V - REFERENCES

Please provide two references who can speak to your character, reliability, or community involvement. References should not be immediate family members.

Reference 1

Name

Relationship

Phone

Email

Reference 2

Name

Relationship

Phone

Email

SECTION VI - APPLICANT CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge. I understand that submitting this application does not guarantee membership. Kappa Lambda Psi Sorority, Inc. may review my application, conduct an interview, verify references, and evaluate eligibility under its governing documents and membership standards. I agree to conduct myself respectfully throughout the process. Hazing, harassment, discrimination, retaliation, intimidation, and conduct that threatens the safety or dignity of others are not acceptable.

Applicant Signature (type full name)

Date

Printed Name

Phone

FOR OFFICIAL SORORITY USE ONLY

Date Received

Received By

Status

☐

Pending

☐

Interview

☐

Approved

☐

Not Approved

Interview Date

Chapter / Area

Notes