

The Pi Kappa Alpha Fraternity

8347 West Range Cove • Memphis, TN 38125 • Telephone: 901-748-1868 • Fax: 901-748-3100 • Email: pka@pikes.org

MEMBERSHIP TRANSFER FORM

Full Name _____ Initiation Date _____

Initiated Chapter _____ Institution _____

I hereby request affiliation with _____ Chapter of the Pi Kappa Alpha Fraternity.

I am a fully initiated member of Pi Kappa Alpha, and I am not financially indebted to any former chapter. I have attained an accumulated G.P.A. of at least a 2.0 on a 4.0 scale or the equivalent to that required for being in good standing with the host institution of my current chapter [Constitution and Chapter Codes, Code III, Section 8(g)].

Signature _____

Date _____

Former Chapter Vote

See the Pi Kappa Alpha Constitution and Chapter Codes, Code III, Section 8.

Transferring member financially indebted? Yes No

Chapter approval for affiliation? Yes No

Chapter President's Signature _____

Chapter _____

Petitioned Chapter Vote

The chapter petitioned shall vote on the petition for affiliation, such election shall be by secret ballot and permission to affiliate shall be completed only upon two-thirds approval of all the student members of the chapter petitioned. The executive vice president shall immediately be notified of the results of such election.

Approval for affiliation? Yes No

Record of votes # Yes votes _____ # No votes _____

Chapter President's signature _____

Chapter _____

Please have this form completely filled out and forward it today to:

Executive Vice President, The Pi Kappa Alpha Fraternity, 8347 West Range Cove, Memphis, TN 38125