

Kappa Sigma Fraternity Parent's Club Membership Form



Active Kappa Sig's Name: _____

HOME Mailing Address _____

City: _____ State: _____ Zip: _____

Email: _____

Father's Name: _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Email: _____

Mother's Name:

Mailing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Email: _____

Enclosed are Parent's Club Dues of \$100 _____

Also enclosed is a Rush Contribution of _____

I would be willing to serve as a Parent's Club Officer: YES _____ NO _____

Please make check payable to KAPPA SIGMA PARENTS CLUB

Please return to: Monica Huddleston 1577 Bellewood Drive Greenville MS 38701