



Lambda Kappa Mu Sorority, Inc.

Thank you for your interest in **Lambda Kappa Mu Sorority, Inc.**
Please fill out and mail this form to us and the National Second Anti Basileus
(Dean of Membership Intake) will review it and contact you.

Mailing Address:

Lambda Kappa Mu Sorority, Inc.
1629 K Street, NW Suite 300
Washington, DC 20006

Email questions to: lkmsororityinc.org@lkmsororityinc.org

This information will be kept confidential.

Lambda Kappa Mu Sorority, Inc. Membership Interest Form		
APPLICANT INFORMATION		
Full Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Phone:	
EDUCATION		
College/University attended:		
Baccalaureate Degree earned:		
Academic/Professional/Vocational Institution attended:		
Degree, Certificate, or License earned:		
Date received:		
SIGNATURE		
I certify that this information is correct. This is not a full application.		
Signature:		Date: