



# 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](mailto:lkmsororityinc.org@lkmsororityinc.org)

This information will be kept confidential.

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