



Kappa Delta Pi

*Eta Theta Chapter
Brooklyn College*

Membership Application

Date _____

Name _____

Street Address _____

Apt. No. or Floor _____

City _____ State _____ Zip Code _____

Phone Number _____ Texts ok? Yes _____ No _____

Email _____

Please check your status:

_____ Undergraduate _____ Graduate _____ Post Graduate

Degree and Area of
Specialization _____

Expected Date of Graduation _____

(Note: Please let us know if this changes so we can make sure you receive credit for membership at the time of graduation.)

(continued)

Are you currently employed in education? If yes, please fill out the following information:

Position _____

Name of School/Institution _____

Address

Number of Years in Education _____

Please send your **completed application**, along with your **unofficial transcript**, to

KDP.at.BC@gmail.com

Or post a hard copy to:

Kappa Delta Pi
% Francine Canin
14 Webers Court
Brooklyn, NY 11235-2254