

Phi Kappa Theta Fraternity Individual Affiliation Form

(Use this form when a Brother transfers from another chapter)

To be filled out by the individual's new affiliated chapter:

To: _____ Chapter
(Former Chapter)

Brother _____ wishes to become affiliated with our
(Member's Full Name)

Chapter. He informs us that he was initiated on _____, holding Fraternity
(Initiation Date)

Number _____ and that he does not have any obligations (particularly
(Membership Number)

financial) pending with your chapter.

Date: _____ Chapter: _____

Signed: _____ Title: _____

Please verify this information and fill out the section below.

To be filled out by the individual's former affiliated chapter:

Brother _____ has or has not fulfilled his obligations to this chapter.
(Member's Full Name)

(If not, please explain.)

Date: _____ Chapter: _____

Signed: _____ Title: _____

For office use only

Individual's Fraternity Number _____ Date ___/___/___

New Chapter Affiliation Number _____ Entered ___/___/___