Membership Application

Full Name: _____
First Middle Last

Mailing Address: _____

City: _____ State: _____ Post Code: _____

Country: _____ Date of Birth: _____

Telephone: _____ Preferred Contact Method: _____

Email address: _____

Membership agreement

I accept the invitation to become a member of Delta Kappa Nu.
I pledge myself to uphold the honour and ideals of Delta Kappa Nu and to conduct myself in a manner worthy of this organization. I avow to pay Delta Kappa Nu the initial fee of **AUD$50** to defray my joining and membership fees for one year from the date of joining. I promise to pay the annual fees in advance of the anniversary of my joining thereafter.

A portion of the membership fees may be refunded if the applicant does not initiate into the sorority.

I understand that the annual fees are currently **AUD$35**, but they are subject to change at the direction of the Board of Directors.

While I am in good standing, I shall be entitled to apply for a transfer to any Delta Kappa Nu chapter, but such transfer shall be subject to the approval of the chapter to which the application is made.

I agree to conform to the international constitution and by-laws of Delta Kappa Nu, to the rules and regulations of the Convention for governance of members and chapters, and to the constitution and by-laws of each chapter to which I may be admitted.

Signed: _____ Date: _____
Print Name: _____