



**Military Division of Kappa Alpha Order
Application Form**

Full Name: _____
As you would like it to appear on your certificate

Address: _____

City, State, Zip: _____

Phone: Home _____ Work: _____ Cell: _____

(Air Force, Army, Coast Guard, Marines, Navy)

Branch of Service: _____

Current Rank: _____

Time of Service: _____ to _____

Do you want the Certificate framed? Yes No

Please attach a copy of one of the following:

1. DD Form 214.
2. Retirement Certificate
3. Military Identification Card

Certificate: (\$10) \$ _____

Framed Certificate: (\$85) \$ _____

Pin: (\$15) \$ _____

TOTAL AMOUNT DUE: \$ _____

(5% sales tax on Virginia residents)

<p align="center">Kappa Alpha Order National Administrative Office – Do not write in this area</p> <p>Recipient No.: _____</p> <p>Date shipped: _____</p> <p>Shipper: _____</p> <p>Tracking No.: _____</p>
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VISA Master Card Am Ex Discover _____

Card Holder's Name: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

Shipping Address: _____

Phone: (_____) _____

Excellence is our Aim!