



Military Division of Kappa Alpha Order Application Form

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

Address: _____

City, State, Zip Code: _____

Primary Phone: _____ - _____ - _____ Primary Email: _____

Branch of Service: _____ Current Rank: _____

Time of Service: _____ to _____

Must attach a copy of ONE of the following:

1. DD Form 214
2. Retirement Certificate
3. Military ID card
4. Orders

I wish to order:

- Unframed Certificate: (\$12) \$ _____
- Framed Certificate: (\$99) \$ _____
- Lapel Pin: (\$15) \$ _____
- 5.3% TAX (ship to VA address only) \$ _____
- TOTAL AMOUNT DUE: \$ _____

Return this completed application to:
Attn: Erika Brooke
PO Box 1865
Lexington, VA 24450

****There is no fee to join the Military Division of Kappa Alpha -the fee applies ONLY if you wish to purchase any of the items listed below. Please note that if you wish to purchase a framed certificate you will NOT need to purchase the unframed certificate separately. To avoid delay in application processing please fill form out COMPLETELY.**

Payment Information:

- Check** (made payable to Kappa Alpha Order)
- Credit Card** (fill in information below)
- VISA MasterCard Discover American Express

Name on card: _____

Card Number: _____

Expiration Date: ____ / ____ Security Code: _____

Billing Address: _____

Shipping Address: _____

KAO National Administrative Office Use ONLY
– Do not write in this area

ID: _____

Chapter: _____

Initiation Year: _____

Processed Date: _____

Transaction #: _____

Presentation Date : _____

Recipient #: MDC-00 _____

Date Ordered: _____

USPS Tracking #: _____