



**GARY ALUMNI CHAPTER  
KAPPA ALPHA PSI FRATERNITY, INC.  
MEMBER RECLAMATION FORM  
(MRF)**

Full Name \_\_\_\_\_ Member ID# \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Business or Cell # \_\_\_\_\_

Chapter of Initiation \_\_\_\_\_ Date of Initiation \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Mail All Payments on Dues to:**  
Namon R. Flournoy  
3590 W 20<sup>th</sup> Ave  
Gary, Indiana 46404  
(219) 949-7445

**Please contact Brother Flournoy, on any and all payments arrangements and dues information:  
Effective October 1, 2008**

\$356.00--- Alumni Dues (**Non-Life Member**)  
\$206.00--- Alumni Dues (**Life Member**)  
\$100.00--- Housing Assessment Fee \*\*\* ( If Applicable)  
**Reinstatement Fees**

\$10.00--- If Inactive 4+ years  
\$5.00----- If Inactive 1-3 years

**Websites**  
[www.garykappas.com](http://www.garykappas.com)  
[www.KappaAlphaPsi1911.com](http://www.KappaAlphaPsi1911.com)

Dear Brother, what has prevented you from being active: Please Circle Job Finance Family  
Health Other \_\_\_\_\_ Life Membership: Yes No Subscribing Life Yes  
No

Brother re-claiming member: \_\_\_\_\_