

Kappa Alpha Psi Fraternity, Inc. – Philadelphia Alumni Chapter Business Referral Program

(Please print or type)

Name: _____
Last First Middle

Chapter Initiated: _____

Home Address: _____

City State Zip code

Home Telephone #: (____) _____ and/or Cellular Phone #: (____) _____

Business Name: _____

Business Address: _____

City State Zip code

Web Address: _____ **Fax #:** (____) _____

E-mail Address: _____ **Phone:** (____) _____

Product / Service: _____

Description of Business / Product / Service

I, _____, as the owner of _____,
agree to participate in the Kappa Alpha Psi Fraternity, Inc. – Philadelphia Alumni Chapter’s Business Referral Program. I will compensate 10% of the net profit between the Chapter and any Brother who is in good financial standing with the Chapter (October to September of the current fraternal year) and who secures NEW business clients. The 10% compensation will be divided 70% to the Brother and 30% to the Chapter’s Treasury when the business transaction is finalized. I understand that my Company’s information will only be posted on the Chapter’s website as a participant in the Business Referral Program, once my financial status is confirmed.

Signature: _____ Date: _____

E-mail completed form to development@phillykappas.org