



Kappa Tau Alpha

Report of Initiates And Invoice

Send to: Dr. Keith Sanders
School of Journalism
University of Missouri
Columbia, MO 65211-1200

Fax: 573.884.1720
Tel: 573.882.7685
umcjourkta@missouri.edu

University: _____ Initiation Date: _____

Chapter name (e.g., Frank Luther Mott Chapter): _____

Chapter Adviser: _____ Phone Number: _____

Type carefully and double space. Names will appear on the membership certificates as they appear here. Indicate Faculty (F) or Honorary (H). Other names are assumed to be students.

Provide below the name and address of the person to whom the shipment of certificates should be sent.

Number of Honor Cords requested (@\$6) _____ Number of KTA Medals requested (@\$8): _____

The initiation fee is \$30 per person. Make checks payable to Kappa Tau Alpha (Fed. ID #43-6037162). Student checks cannot be accepted.

Enclosed is a check for \$ _____ OR _____ a University check to follow.
