



Instructions: Please type or print clearly. Answer all questions to the best of your ability, and return this form to:

**Kappa Kappa Psi/Tau Beta Sigma National Headquarters
PO Box 849
Stillwater, OK 74076-0849**

LOCAL ALUMNI ASSOCIATION INFORMATION

Association Name: _____

District: NED SED NCD MWD SWD WD

Association Type: District Other _____
 Regional
 School/Chapter

Report Prepared by: _____

Total Number of Pages: _____ **Date Filed:** _____

Applicant's Phone: _____

Applicant's Email: _____

Applicant's Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

TBΣ AA ALUMNI ASSOCIATION REGISTRATION FEES

For the period: June 1 to May 31 _____

Annual Fee: \$50.00 \$ _____

Total: \$ _____

**Make checks payable to Tau Beta Sigma Alumni Association*

ALUMNI ASSOCIATION OFFICERS

ΚΚΨΑΑ requires 1 paid member and ΤΒΣΑΑ requires 2 paid members to serve as officers or points of contact. Please list officers below. All officers must be paid members of either ΚΚΨΑΑ or ΤΒΣΑΑ.

Name	Email Address	Title/Office Held	ΚΚΨΑΑ/ΤΒΣΑΑ

LOCAL ALUMNI ASSOCIATION FINANCIAL REPORTING

Does your organization hold an EIN/Tax-ID Number? Yes No Unsure

If yes, please indicate: _____

If no, would you like the National Organizations to apply for one on your organization's behalf? Yes No

Does your Association have a bank account/cash account? Yes No

If yes, please complete the section below:

ASSOCIATION FINANCES:

1. Beginning of Year Balance: \$ _____
2. Income: \$ _____
3. Money Available: \$ _____ (add lines 1 and 2)
4. Expenses: \$ _____
5. End of Year Balance: \$ _____ (subtract line 4 from 3)

LOCAL ALUMNI ASSOCIATION ACTIVITIES

Please list LAA activities and fundraisers from the previous year including the number of members participating. These activities may be social, service, networking, organizational, etc., but should be sponsored officially by the LAA. (Please attach additional sheets as needed)

CONVENTION INVOLVEMENT

DISTRICT CONVENTION:

Does your association plan on attending your next District Convention? Yes No

If a member of your organization will be in attendance, would he/she be willing to speak to alumni, brothers, or sisters about the work of your organization? Are members of your organization interested in presenting workshops available to alumni members, brothers, or sisters? Yes No

If yes, please detail your interest in involvement:

NATIONAL CONVENTION:

Does your association plan on attending the next National Convention? Yes No

If a member of your organization will be in attendance, would he/she be willing to speak to alumni, brothers, or sisters about the work of your organization? Are members of your organization interested in presenting workshops available to alumni members, brothers, or sisters? Yes No

If yes, please detail your interest in involvement:

LOCAL ALUMNI ASSOCIATION ACTION PLAN

Please indicate major goals and activities your LAA plans to achieve over the next year. List your basic goals, a plan to reach your goals, and the timeframe in which your association plans to achieve them. Please attach additional sheets as needed.

Goal: _____

Plan to Achieve Goal: _____

Expected Obstacles to Achieving Goal: _____

Expected Timeframe to Achieve Goal: _____

Where can the KKΨAA/TBΣAA Assist in Helping Your Association Achieve Your Goal: _____

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Plan to Achieve Goal: _____

Expected Obstacles to Achieving Goal: _____

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Please indicate major goals and activities your LAA plans to achieve over the next year. List your basic goals, a plan to reach your goals, and the timeframe in which your association plans to achieve them. Please attach additional sheets as needed.

Goal: _____

Plan to Achieve Goal: _____

Expected Obstacles to Achieving Goal: _____

Expected Timeframe to Achieve Goal: _____

Where can the KKΨAA/TBΣAA Assist in Helping Your Association Achieve Your Goal: _____

IF YOU SELECTED SCHOOL/CHAPTER ALUMNI ASSOCIATION ON THE FIRST PAGE OF THIS APPLICATION, THE CHAPTER SPONSOR AND DIRECTOR OF BANDS MUST COMPLETE THE FOLLOWING:

APPROVAL FOR CHAPTER BASED LOCAL ALUMNI ASSOCIATION

This document serves as the official approval for a Local Alumni Association associated with this College/ University. It must be submitted annually, along with a current roster and annual report, to the Kappa Kappa Psi Alumni Association Board of Directors and Tau Beta Sigma Alumni Association Executive Council.

The Kappa Kappa Psi Alumni Association and Tau Beta Sigma Alumni Association are organizations that work the National Fraternity and Sorority and the Boards of Trustees on alumni affairs, and exist to provide alumni with chapter-based, regional, and national resources and networks.

- This recommendation for approval allows the LAA to use the school/chapters' name and pursue social, scholastic, fraternal, and musical activities and programming with the local chapter and college/university bands in accordance with the desires and vision of the Chapter Sponsor/Director of Bands.
- This approval can be withdrawn by sending a letter to the Kappa Kappa Psi Alumni Association Board of Directors and the Tau Beta Sigma Alumni Association Executive Council.
- This approval does not authorize any activities or approve any actions of the LAA. The LAA must work with the Chapter Sponsor, Director of Bands, and chapter officers/active membership and be in accordance with their wishes and vision.
- Membership in this LAA is restricted to those indicated on the LAA Official Roster and must be in accordance with the membership policies of the Kappa Kappa Psi Alumni Association and the Tau Beta Sigma Alumni Association.

I approve of the renewal of a Joint Local Alumni Association of the Kappa Kappa Psi Alumni Association and the Tau Beta Sigma Alumni Association associated with the _____ Chapter of Kappa Kappa Psi and the _____ Chapter of Tau Beta Sigma at _____ (college/university).

_____ Director of Bands (Name Printed)	_____ Director of Bands (Signature)	_____ Date
_____ Kappa Kappa Psi Chapter Sponsor (Name Printed)	_____ Kappa Kappa Psi Chapter Sponsor (Signature)	_____ Date
_____ Tau Beta Sigma Chapter Sponsor (Name Printed)	_____ Tau Beta Sigma Chapter Sponsor (Signature)	_____ Date

MEMBERSHIP

Instructions: Please complete the information below for all members of your LAA, and attach additional pages as needed. Please note their KKΨ AA or TBΣ AA affiliation. Each LAA must have a minimum of 5 members of KKΨ (including 1 KKΨ AA member) and a majority (50% +1) of all TBΣ members must be dues paying members of TBΣ AA to charter or remain active.

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Questions? Call National Headquarters at 405-372-2333, visit our website at www.kkytbs.org, or email alumni@kkpsi.org or tbsaa@tbsigma.org

MEMBERSHIP

Instructions: Please complete the information below for all members of your LAA, and attach additional pages as needed. Please note their KKΨ AA or TBΣ AA affiliation. Each LAA must have a minimum of 5 members of KKΨ (including 1 KKΨ AA member) and a majority (50% +1) of all TBΣ members must be dues paying members of TBΣ AA to charter or remain active.

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No

Full Name: _____
Email Address: _____
Phone Number: _____
Organization: KKΨ TBΣ
Life Member: Yes No
Membership: KKΨ AA TBΣ AA None
Friend of TBΣ AA: Yes No