

**TAU KAPPA EPSILON FRATERNITY
COLLEGIATE ADVISORY COMMITTEE MEMBERSHIP APPLICATION**

(Additional resume attachment and/or cover letter allowed, but not required.)

Name: _____

School Address: _____

Home Address: _____

Cell Phone: _____

E-mail address: _____

Home chapter: _____ University/College: _____

Major: _____ Anticipated Graduation Date: _____

Chapter Leadership Positions Held: _____

Campus and Community Leadership Posts and Activities: _____

Honors and Awards: _____

Applicant Signature: _____ Date: _____

Advisor Endorsement (Print Name and Title): _____

Advisor Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Ben Carroll, Executive Assistant to the CEO
Tau Kappa Epsilon Fraternity
bcarroll@tke.org or fax to 317-875-8353

BY NO LATER THAN FRIDAY, SEPTEMBER 18, 2009