**Kappa Psi Pharmaceutical Fraternity, Inc.**

Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This Pledge card **MUST** be returned to the chapter Secretary and filed with the Membership Record card filled out at initiation and kept as a permanent record.

I pledge my solemn oath that I will receive the initiation and obligations of the **Kappa Psi Pharmaceutical Fraternity** unless the chapter sees fit to revoke the pledge before the time of initiation and in all cases to hold secret to non-Kappa Psi persons all dealings concerned with my pledge and initiation.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_