

Are you a new or continuing member? New Continuing

PHI THETA KAPPA MEMBERSHIP APPLICATION

Completion of this application is a requirement of membership.

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Social Security No. _____ Student I.D. _____
First Name _____ Middle _____ Last _____
Address _____
City _____ State _____ Zip Code _____
Country _____ Telephone _____ E-Mail _____
Transfer / Graduation Month & Year _____

TYPE OR PRINT. COMPLETE ALL SECTIONS. RETURN TO YOUR LOCAL CHAPTER ADVISOR.

To complete your membership application, and to be considered for scholarships and other exclusive membership benefits, you must provide your graduation or transfer date and major on this form. If you do not know the exact date, use a close approximation or the date you will complete your coursework at this college.

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|---|---|
| <input type="checkbox"/> Undecided..... UNDEC | <input type="checkbox"/> HistoryHIST |
| <input type="checkbox"/> Accounting..... ACCT | <input type="checkbox"/> Information Technology..... INFOTE |
| <input type="checkbox"/> Agricultural Sciences..... AGRI | <input type="checkbox"/> Journalism/Broadcasting JOURNL |
| <input type="checkbox"/> Architecture/rafting ARC | <input type="checkbox"/> LanguagesLANG |
| <input type="checkbox"/> Art ART | <input type="checkbox"/> Legal Services/Paralegal.. .LEGAL |
| <input type="checkbox"/> Aviation AVIAT | <input type="checkbox"/> Liberal Art/General Studies LIBART |
| <input type="checkbox"/> Biological Sciences..... BIO | <input type="checkbox"/> MarketingMARKET |
| <input type="checkbox"/> Business..... BUS | <input type="checkbox"/> ManagementMGMT |
| <input type="checkbox"/> Chemistry..... .CHEM | <input type="checkbox"/> MathematicsMATH |
| <input type="checkbox"/> CommunicationsC OMM | <input type="checkbox"/> Medical TechnologyMEDTEC |
| <input type="checkbox"/> Computer SciencesCOMP | <input type="checkbox"/> Music/Theatre/DanceTHEATR |
| <input type="checkbox"/> Counseling COUNCL | <input type="checkbox"/> NursingNURS |
| <input type="checkbox"/> Criminal JusticeCRIM | <input type="checkbox"/> Organizational LeadershipORGLDR |
| <input type="checkbox"/> Dental Health DENTAL | <input type="checkbox"/> Pharmacy..... PHARM |
| <input type="checkbox"/> EconomicsECON | <input type="checkbox"/> Physics..... PHY S |
| <input type="checkbox"/> Education/TeachingEDUC | <input type="checkbox"/> Political Science..... POLSCI |
| <input type="checkbox"/> Electronics ELEC | <input type="checkbox"/> Pre-Law.....LAW |
| <input type="checkbox"/> Engineering/CivilCNLENG | <input type="checkbox"/> Pre-Medicine..... MED |
| <input type="checkbox"/> Engineering/Electrical ELECENG | <input type="checkbox"/> Psychology..... PSYCH |
| <input type="checkbox"/> Engineering/Mechanical..... .MECHENG | <input type="checkbox"/> Public Relations Advertising..... .ADV |
| <input type="checkbox"/> English ENGL | <input type="checkbox"/> Religion/BibleRELIG |
| <input type="checkbox"/> Environmental StudiesENVIRO | <input type="checkbox"/> Sociology/Social Science.. .SOCIO |
| <input type="checkbox"/> Fashion/Merchandising FASH | <input type="checkbox"/> Travel/Tourism/Hotel Mgmt.TRAVL |
| <input type="checkbox"/> Finance..... FIN | <input type="checkbox"/> Veterinary Medicine.. .VETMED |
| <input type="checkbox"/> General Science..... .SCI | <input type="checkbox"/> Other Major OTHER |
| <input type="checkbox"/> Health Related Professions.. .HEALTH | |

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If you do not wish to receive email updates from Phi Theta Kappa, check here

If you do not wish to receive information concerning special opportunities and scholarships for members, check here

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I have met all membership eligibility requirements for Phi Theta Kappa, and have been extended an invitation for membership in my local chapter. I believe in and support the purpose of the Society as stated in the Phi Theta Kappa Constitution, adhere to the moral standards of the Society, and currently enjoy the full rights of citizenship, freedom, and privileges of my country (International students attending college on a United States student visa and who possess full rights of citizenship of their country are eligible for membership). I understand that there is a required GPA for maintaining membership in Phi Theta Kappa and agree to notify my chapter advisor immediately if at any time I fail to maintain my chapter's maintenance GPA. Therefore, I solemnly promise to uphold the standards of Phi Theta Kappa, and to make this object and aim foremost in my mind, and I do solemnly pledge allegiance to my fellow members and promise to aid them in all worthy endeavors.

Signature Required _____ Date _____

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Following the submission of your application to Phi Theta Kappa you will receive:

- ◆ An email notification within twenty-four hours that your membership has been processed. This email will contain your membership identification number allowing you full access to exclusive membership benefits.

- ◆ Member Benefit Packet via mail within three weeks containing your Golden Key Membership Pin and detailed information on your exclusive member benefits.

- ◆ Recognition in Phi Theta Kappa's Online Member Directory at www.ptk.org.

Phi Theta Kappa is committed to the elimination of discrimination based on gender, race, class, economic status, ethnic background, sexual orientation, age, physical ability, and cultural and religious backgrounds.

www.ptk.org