

THE HONOR  SOCIETY OF
PHI KAPPA PHI

Name _____
First M.I. Last

Member Number (if known) _____

Chapter (Name and/or Number) _____

Address _____
Street/P.O. Box

_____ *City State ZIP*

Email _____

TYPE OF MEMBERSHIP	AMOUNT	AMOUNT PAID
National (1 year)	\$35	\$ _____
National (2 year—Save \$10)	\$60	\$ _____
National (3 year—Save \$15)	\$90	\$ _____
National Life Membership	\$300	\$ _____
Senior Life Membership (60 and older)	\$225	\$ _____
Chapter Dues	\$ _____	\$ _____
Chapter Life Membership	\$ _____	\$ _____
	TOTAL AMOUNT PAID	\$ _____

Return this form with payment to:
7576 Goodwood Blvd. | Baton Rouge, LA 70806

Please make checks payable to The Honor Society of Phi Kappa Phi.

Select payment type: Check MC VISA AMEX DISC

Card # _____ - _____ - _____

Expiration Date (Required) _____

Authorized Signature _____