

THE HONOR  SOCIETY OF  
**PHI KAPPA PHI**

Name: \_\_\_\_\_  
First M.I. Last

Member Number (if known): \_\_\_\_\_

Address: \_\_\_\_\_  
Street/P.O. Box  
 \_\_\_\_\_  
City State Zip

Email: \_\_\_\_\_

TYPE OF MEMBERSHIP	AMOUNT	AMOUNT PAID
National (1 year)	\$30	\$ _____
National (2 year— <b>Save \$5</b> )	\$55	\$ _____
National (3 year— <b>Save \$10</b> )	\$80	\$ _____
National Active-for-Life Membership	\$300	\$ _____
Senior Life Membership (62 and older)	\$225	\$ _____
Chapter Dues		\$ _____
	<b>TOTAL AMOUNT PAID</b>	<b>\$ _____</b>

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

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

Check payment type:  Check  Money Order  MC  VISA  AMEX

Card #

Expiration Date: (Required) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_