

## THE HONOR SOCIETY OF PHI KAPPA PHI

## **REQUEST FOR REACTIVATION AND/OR TRANSFER OF MEMBERSHIP**

| DATE                                     |  |                                 |   |  |
|--|--|---------------------------------|---|--|
| Requesting reactivation of member status |  | NOTE: You ma<br>www.phikapr     | <b>NOTE:</b> You may opt to reactivate your membership online at www.phikappaphi.org/renew_membership.html. |  |
| A. Natio                                 | nal dues for one year, \$42  |                                 |   |  |
| B. Active                                | e-for-Life Membership, \$500   |                                 |   |  |
| C. Active                                | C. Active-for-Life Membership, \$400 (for members age 60 or older)             |                                 |   |  |
| D. Chapt                                 | er Dues for one year (Click on chapter info on website                         | e to search chapte              | r directory for amount.)  |  |
| Requesting transf                        | er of membership, no charge  |                                 |   |  |
| MEMBER ID (If known)                     | NAME   |                                 |   |  |
|  |  | DESIGNATION (Ph.D., M.S., etc.) |   |  |
|  |  |                                 |   |  |
|  | <b>PDATE</b><br>f contact by checking the appropriate box next to the addre.   |                                 |   |  |
| CITY                                     | STATE  | ZIP                             | COUNTRY   |  |
| BUSINESS ADDRESS                         |  |                                 |   |  |
|  |  |                                 | COUNTRY   |  |
|  |  |                                 |   |  |
| PHONE (home)                             | PHONE (cell)   | PHONE (fax)                     |   |  |
| EMAIL                                    |  |                                 |   |  |
| ΡΗΙ ΚΑΡΡΑ ΡΗΙ ΙΝΙΤΙΑΤΙΩΝ D               | ATF  | AST FOUR DIGITS                 | OF SSN  |  |
|  |  |                                 |   |  |
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|  | DEGREE EA  |                                 |   |  |
|  |  |                                 |   |  |
|  | Check) Check Money Order Vie   | sa 🗌 Master                     | Card 🗌 American Express   |  |
| REDIT CARD NUMBER                        |  |                                 |   |  |
| NAME AS IT APPEARS ON CA                 | {U   |                                 | _ EXPIRATION DATE (Required)  |  |
| SIGNATURE                                | nstitutes as signature)  |                                 |   |  |
| Periodically, our partner<br>click here. | s like to send out special mailings to our members w                           | ith new offers. If y            | rou DO NOT wish to receive any of these offers, please  |  |
| TO SUBMIT THE FORM:                      | MAIL TO The Honor Society of Phi Kappa Phi                                     | or EMAIL                        | . members@phikappaphi.org   |  |
|  | Member Records/Data Processing<br>7576 Goodwood Blvd.<br>Baton Rouge, LA 70806 | FAX                             | 225.388.4900 / Attn: Kaitlyn Childress, Member Records  |  |