



THE HONOR SOCIETY OF
PHI KAPPA PHI

REQUEST FOR REACTIVATION AND/OR TRANSFER OF MEMBERSHIP

DATE _____

Requesting reactivation of member status

A. National dues for one year, \$35

B. Active-for-Life Membership, \$400 (\$300 for members age 60 or older)

C. Chapter Dues for one year (Click on chapter info on website to search chapter directory for amount.)

Requesting transfer of membership, no charge

NOTE: You may opt to reactivate your membership online at www.phikappaphi.org/renew_membership.html.

MEMBER ID (if known) _____ NAME _____

MAIDEN NAME (if applicable) _____ DESIGNATION (Ph.D., M.S., etc.) _____

JOB TITLE _____

MEMBER INFORMATION UPDATE

Please indicate preferred place of contact by checking the appropriate box next to the address.

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE (home) _____ PHONE (cell) _____ PHONE (fax) _____

EMAIL _____

PHI KAPPA PHI INITIATION DATE _____ LAST FOUR DIGITS OF SSN _____

UNIVERSITY CHAPTER WHERE ELECTED TO MEMBERSHIP _____

DESIRED CHAPTER AFFILIATION (if requesting transfer) _____

MAJOR _____ DEGREE EARNED _____

METHOD OF PAYMENT (Please Check) Check Money Order Visa MasterCard American Express

CREDIT CARD NUMBER _____ \checkmark _____ \checkmark _____ \checkmark _____

NAME AS IT APPEARS ON CARD _____ EXPIRATION DATE (Required) _____

SIGNATURE _____

(Both parties agree typing name constitutes as signature)

Periodically, our partners like to send out special mailings to our members with new offers. If you DO NOT wish to receive any of these offers, please click here.

TO SUBMIT THE FORM: MAIL The Honor Society of Phi Kappa Phi
Member Records/Data Processing
7576 Goodwood Blvd.
Baton Rouge, LA 70806

or

EMAIL members@phikappaphi.org

FAX 225.388.4900 / Attn: Wanda Norwood, Member Records