

PHI THETA KAPPA MEMBERSHIP APPLICATION

The information on this form will be used by Phi Theta Kappa Headquarters to secure transfer scholarships for Society members and to design effective chapter programming. Information will only be released to senior institutions providing scholarship opportunities or other organizations providing benefits exclusively for Phi Theta Kappa members.

PLEASE TYPE OR PRINT.

First Name _____ Middle _____ Last _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Social Security/Insurance No. _____

Telephone () _____ E-mail _____

Graduation/Transfer from Two-Year College: Month _____ Year _____

Academic Major Codes

- | | |
|---|---|
| <input type="checkbox"/> ACCTAccounting | <input type="checkbox"/> INFOTECInformation Technology |
| <input type="checkbox"/> AGRI.....Agricultural Sciences | <input type="checkbox"/> JOURNLJournalism/Broadcasting |
| <input type="checkbox"/> ARCHArchitecture/Drafting | <input type="checkbox"/> LANGLanguages |
| <input type="checkbox"/> ARTArt | <input type="checkbox"/> LEGALLegal Services/Paralegal |
| <input type="checkbox"/> AVIATAviation | <input type="checkbox"/> LIBSCILibrary/Information Science |
| <input type="checkbox"/> BIO.....Biological Sciences | <input type="checkbox"/> LIBARTLiberal Arts/General Studies |
| <input type="checkbox"/> BUS.....Business | <input type="checkbox"/> LITER.....Literature |
| <input type="checkbox"/> CHEMChemistry | <input type="checkbox"/> MARKET.....Marketing |
| <input type="checkbox"/> CHIROChiropractor Studies | <input type="checkbox"/> MATHMathematics |
| <input type="checkbox"/> COMM.....Communications | <input type="checkbox"/> MGMTManagement |
| <input type="checkbox"/> COMPComputer Sciences | <input type="checkbox"/> MEDTECMedical Technology |
| <input type="checkbox"/> COUNC.....Counseling | <input type="checkbox"/> MILMilitary Science |
| <input type="checkbox"/> CRIMCriminal Justice | <input type="checkbox"/> MORSCIMortuary Science |
| <input type="checkbox"/> DENTALDental Health | <input type="checkbox"/> THEATRTheatre/Music/Dance |
| <input type="checkbox"/> ECOLOEcology | <input type="checkbox"/> NURSNursing |
| <input type="checkbox"/> ECONEconomics | <input type="checkbox"/> PHARM.....Pharmacy |
| <input type="checkbox"/> EDUCEducation/Teaching | <input type="checkbox"/> PHYSPhysics |
| <input type="checkbox"/> ELECElectronics | <input type="checkbox"/> POLSCIPolitical Science |
| <input type="checkbox"/> CIVLENGEngineering Civil | <input type="checkbox"/> LAW.....Pre-Law |
| <input type="checkbox"/> ELECENGEngineering Electrical | <input type="checkbox"/> MED.....Pre-Medicine |
| <input type="checkbox"/> MECHENGEngineering Mechanical | <input type="checkbox"/> PSYCHPsychology |
| <input type="checkbox"/> ENGLEnglish | <input type="checkbox"/> ADV.....Public Relations/Advertising |
| <input type="checkbox"/> ENVIROEnvironmental Studies | <input type="checkbox"/> RELIGReligion/Bible |
| <input type="checkbox"/> FASHFashion/Merchandising | <input type="checkbox"/> SOCIOSociology/Social Science/
Anthropology |
| <input type="checkbox"/> FIN.....Finance | <input type="checkbox"/> TRAVL.....Travel/Tourism/
Hotel & Restaurant Mgmt |
| <input type="checkbox"/> FORSTUDForeign Studies | <input type="checkbox"/> VETMEDVeterinary Medicine |
| <input type="checkbox"/> SCIGeneral Science | <input type="checkbox"/> OTHEROther Majors |
| <input type="checkbox"/> HEALTHHealth Related Professions | |
| <input type="checkbox"/> HISTHistory | |

Membership Authorization

By completing this form I certify the following: 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 _____ Date _____

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.