



PHI THETA KAPPA MEMBERSHIP APPLICATION

Completion of this application is a requirement of membership.

TYPE OR PRINT. COMPLETE ALL SECTIONS. RETURN TO YOUR LOCAL CHAPTER ADVISOR.

1

Social Security/Insurance No. _____

First Name _____ Middle _____ Last _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Telephone _____ E-Mail _____

(Most correspondence is via email)

2

To complete your membership application, and to be considered for scholarships and other exclusive membership benefits, you must provide your graduation or transfer date and major on this form. If you do not know the exact date, use a close approximation or the date you will complete your coursework at this college.

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

Academic Major Codes:

- | | |
|--|---|
| <input type="checkbox"/> Undecided UNDEC | <input type="checkbox"/> Health Related Professions.....HEALTH |
| <input type="checkbox"/> Accounting.....ACCT | <input type="checkbox"/> History.....HIST |
| <input type="checkbox"/> Agricultural Sciences.....AGRI | <input type="checkbox"/> Information TechnologyINFOTEC |
| <input type="checkbox"/> Architecture/DraftingARCH | <input type="checkbox"/> Journalism/BroadcastingJOURNL |
| <input type="checkbox"/> ArtART | <input type="checkbox"/> LanguagesLANG |
| <input type="checkbox"/> AviationAVIAT | <input type="checkbox"/> Legal Services/Paralegal.....LEGAL |
| <input type="checkbox"/> Biological Sciences.....BIO | <input type="checkbox"/> Liberal Arts/General StudiesLIBART |
| <input type="checkbox"/> BusinessBUS | <input type="checkbox"/> MarketingMARKET |
| <input type="checkbox"/> Chemistry.....CHEM | <input type="checkbox"/> Management.....MGMT |
| <input type="checkbox"/> CommunicationsCOMM | <input type="checkbox"/> MathematicsMATH |
| <input type="checkbox"/> Computer SciencesCOMP | <input type="checkbox"/> Medical TechnologyMEDTEC |
| <input type="checkbox"/> CounselingCOUNC | <input type="checkbox"/> Music/Theatre/Dance.....THEATR |
| <input type="checkbox"/> Criminal JusticeCRIM | <input type="checkbox"/> NursingNURS |
| <input type="checkbox"/> Dental Health.....DENTAL | <input type="checkbox"/> Organizational LeadershipORGLDR |
| <input type="checkbox"/> EconomicsECON | <input type="checkbox"/> PharmacyPHARM |
| <input type="checkbox"/> Education/TeachingEDUC | <input type="checkbox"/> Physics.....PHYS |
| <input type="checkbox"/> ElectronicsELEC | <input type="checkbox"/> Political SciencePOLSCI |
| <input type="checkbox"/> Engineering CivilCIVLENG | <input type="checkbox"/> Pre-LawLAW |
| <input type="checkbox"/> Engineering ElectricalELECENG | <input type="checkbox"/> Pre-MedicineMED |
| <input type="checkbox"/> Engineering MechanicalMECHENG | <input type="checkbox"/> PsychologyPSYCH |
| <input type="checkbox"/> EnglishENGL | <input type="checkbox"/> Public Relations/AdvertisingADV |
| <input type="checkbox"/> Environmental StudiesENVIRO | <input type="checkbox"/> Religion/Bible.....RELIG |
| <input type="checkbox"/> Fashion/Merchandising.....FASH | <input type="checkbox"/> Sociology/Social Science.....SOCIO |
| <input type="checkbox"/> FinanceFIN | <input type="checkbox"/> Travel/Tourism/Hotel Mgmt.TRAVL |
| <input type="checkbox"/> General Science.....SCI | <input type="checkbox"/> Veterinary Medicine.....VETMED |
| | <input type="checkbox"/> Other Major.....OTHER |

3

If you do not wish to receive email updates from Phi Theta Kappa, check here

If you do not wish to receive information concerning special opportunities and scholarships for members, check here

4

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 Required _____ Date _____

5

Following the submission of your application to Phi Theta Kappa Headquarters you will receive:

- An email notification within twenty-four hours that your membership has been processed. This email will contain your membership identification number allowing you full access to exclusive membership benefits.
- A Member Benefit Packet via mail within three weeks containing your Golden Key Membership Pin and detailed information on securing your exclusive membership benefits.
- Recognition in Phi Theta Kappa's Online Member Directory at www.ptk.org.

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.