

Membership Application  
Alpha Chi Chapter  
School of Social Work  
Phi Alpha National Honor Society

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Work: (     ) \_\_\_\_\_

Cell Phone: (     ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Overall Texas State GPA: \_\_\_\_\_ Social Work GPA: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Please list all Social Work courses taken and the grade received.

(attach addition page if necessary)

Course Name	Course Number	Grade
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

**Preferred Meeting Times:** \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_