



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, \$300

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](http://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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.

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

or

**FAX** 225.388.4900  
Attn: Wanda Norwood, Member Records