



THE HONOR SOCIETY OF  
**PHI KAPPA PHI**

Name \_\_\_\_\_  
*First M.I. Last*

Member Number (if known) \_\_\_\_\_

Chapter (Name and/or Number) \_\_\_\_\_

Address \_\_\_\_\_  
*Street/P.O. Box*

\_\_\_\_\_ *City State ZIP*

Email \_\_\_\_\_

<b>TYPE OF MEMBERSHIP</b>	<b>AMOUNT</b>	<b>AMOUNT PAID</b>
National (1 year)	\$42	\$ _____
National (2 year—Save \$9)	\$75	\$ _____
National (3 year—Save \$16)	\$110	\$ _____
National Life Membership	\$500	\$ _____
Senior Life Membership (60 and older)	\$400	\$ _____
Chapter Dues	\$ _____	\$ _____
Chapter Life Membership	\$ _____	\$ _____
	<b>TOTAL AMOUNT PAID</b>	<b>\$ _____</b>

**Return this form with payment to:**  
**7576 Goodwood Blvd. | Baton Rouge, LA 70806**

Please make checks payable to The Honor Society of Phi Kappa Phi.

Select payment type:  Check  MC  VISA  AMEX  DISC

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (Required) \_\_\_\_\_

Authorized Signature \_\_\_\_\_