

PHI THETA KAPPA PRO VISIO NALMEM BERSHIP APPLIC ATIO N

(Required GPA: 3.0 up to 3.49)

The information on this form will be used by Alpha Gamma Kappa chapter of Phi Theta Kappa to keep track of the applicant's progress in order for full membership.

PLEASE FILL OUT THE FOLLOWING

First Name:	MI:	La st:	
Mailing Address:			
C ity:			
So c ia l Se c urity/Insura nc	e No:		
Student ID Number:			
Telephone number:			
E-mailaddress:			
Academic Major:		GPA:	
Please attach yourcum	entschedule ai	nd Degree Audit/A	AGIS to this form.
Sig na ture		_ D	D a te

Phi The ta 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.