

**Saint Leo University Phi Theta Kappa Alumni Association**  
**Membership Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Saint Leo MC#: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Campus Phone: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____

Date of Induction into Phi Theta Kappa International Honor Society \_\_\_\_\_

Two-Year Chapter Inducted Into \_\_\_\_\_

Anticipated Date of Graduation (Month / Year): \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Please provide the days and times of the week that you will be available for meetings on the Saint Leo campus:

Su M T W Th F Sa

\_\_\_\_\_

**Dues:**

**PLEASE MAKE CHECKS PAYABLE TO: PHI THETA KAPPA**

First year initiation fee: \$25.00

Renewal fee: \$20.00

Amount submitted with application \$ \_\_\_\_\_ cash / check

PLEASE SUBMIT APPLICATION & PAYMENT TO:  
33701 STATE ROAD 52  
MC 2156  
PO BOX 5555  
SAINT LEO, FL 33574

**\*\*Membership applications must be submitted prior to the last semester for graduating seniors.\*\***