



Virginia / West Virginia Region Alumni Association of Phi Theta Kappa

Membership Application

PLEASE PRINT the following information

(Please print your name as you would like it to appear on certificate)

First Name: _____ Last Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home: _____

Primary Email Address (personal, none college): _____

Community College: _____

Chapter: _____ Chapter Induction Date: _____

Do you plan to attend a senior institution: _____

Name of Senior Institution: _____

Would you like to be contacted about volunteer opportunities? Yes _____ No _____

Best method of communication: _____ (email, phone, other)

Please return completed form along with payment to the address below:

Induction Fee - First Year \$30.00 One Year Renewal \$10.00 Five Year Renewal \$40.00

New Member: _____ Membership Renewal: _____ Update Contact Information: _____

Make check payable to: VAWVRAAPTK

**Mail to: Rosie Robinson, Treasurer
 9708 Coleman Lake Road
 Ford, Virginia 23850**

You can also visit our website at www.vawvraaptk.org and submit your payment via PayPal

******FOR TREASURER'S USE ONLY******

Inducted into VA/WV Region Alumni Association Date: _____

Amount Paid _____

Cash

Check Check Number _____

PayPal

For additional information, or to contact us, please visit our website at: www.vawvraaptk.org