

# Phi Theta Kappa

Alpha Rho Epsilon Chapter  
Membership Information Sheet

NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, OH, ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

DEGREE PROGRAM \_\_\_\_\_ EMAIL \_\_\_\_\_

(Circle One) TRANSFER GRADUATION DATE \_\_\_\_\_

Please indicate which of the following committees you would be interested in participating:

\_\_\_\_\_ **Leadership**  
Campus committees, Public speaking.

\_\_\_\_\_ **Scholarship**  
Organize a campus presentation, Tutoring.

\_\_\_\_\_ **Service**  
Collecting used clothing, Feeding the homeless.

\_\_\_\_\_ **Leadership**  
Campus Committees, Public Speaking.

\_\_\_\_\_ **Fellowship**  
Potlucks, Bowling.

\_\_\_\_\_ **Awards Banquet**  
Mailings, Program, Dinner.

\_\_\_\_\_ **Fundraising**  
Raffles, Candy Sales.

\_\_\_\_\_ **Newsletter**  
Stuffing Envelopes, Writing Articles.

\_\_\_\_\_ **Yearbook**  
Taking photographs, Layout and Design.

\_\_\_\_\_ **Induction**  
Mailings, Information Meetings, Ceremony.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For office use only: Application Approved _____	Method of Payment: Cash _____
	Check# _____
Received By: _____	Date: _____