

# PHI THETA KAPPA OMICRON BETA CHAPTER MEMBERSHIP APPLICATION

**REMEMBER TO COMPLETE EVERYTHING, INCOMPLETE PACKETS WILL NOT BE PROCESSED:**

Please indicate the type of membership you prefer: All membership types include the basic benefits of joining

Double click the box to change it to a check mark

Enhanced Membership – You would like to be informed via e-mail about chapter activities and participate in the Enhanced Membership Program. There is no obligation to participate and no additional cost to enroll.

Regular Membership – You prefer not to be informed and have no interest in being an active chapter member.

Please **PRINT** or **TYPE** the information below. If there is a mistake on your membership certificate from the International Headquarters, you will have to pay additional money to have your certificate returned and printed correctly.

Social Security Number \_\_\_\_\_ OR Student ID Number \_\_\_\_\_

**TYPE** your name, as you would like it to appear on your certificate)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

NOTE: Providing this information will result in e-mail correspondence from PTK International regarding updates, special opportunities & scholarship information.

Semester hours you have accumulated at MCC \_\_\_\_\_ GPA \_\_\_\_\_

A minimum of 12 credit hours at MCC (courses under the 100 level do **not** apply) and a cumulative GPA of 3.5 or better.

Campus: (Select one) Dobson & Southern  OR Red Mountain

**OPTIONAL INFORMATION:** Phi Theta Kappa receives numerous requests for the following information from universities and foundations. The ability to supply this information will benefit both our scholarship programs and grant applications.

Race: American Indian  African-American  Caucasian  Hispanic  Asian/Pacific Islander  Other

Sex: Male  Female  Date of Birth: (MM/DD)\_\_\_\_/\_\_\_\_

**IMPORTANT:** Graduation/Transfer Data and Major **MUST** be entered to be eligible for scholarship benefits

Last semester/year you expect to attend MCC: Month \_\_\_\_ Year \_\_\_\_ (please fill in both dates)

Major field of study at MCC: (check one)

- Undecided  Accounting  Agricultural Science  Architecture/Drafting  Art  Aviation  Biology  Business  Chemistry  Civil Engineering
- Communication  Computer Science  Counseling  Criminal Justice  Dental  Economics  Education  Electrical Engineering  Electronics  English
- Environmental Studies  Fashion  Finance  General Science  Health  History  Information Tech.  Journalism  Languages  Legal  Liberal Arts
- Management  Marketing  Mathematics  Mechanical Engineering  Medical Tech.  Nursing  Organizational Leadership  Pharmacy  Physics
- Political Science  Law  Pre-Medicine  Psychology  Public Relations  Religion  Social Sciences  Theater  Veterinary Medicine  Other

## MEMBERSHIP AUTHORIZATION:

By completing this form I certify the following: I have met all membership eligibility requirements for Phi Theta Kappa, and have been extended an invitation for membership in my local chapter. I believe in and support the purpose of the Society as stated in the Phi Theta Kappa Constitution, adhere to the moral standards of the Society, and currently enjoy the full rights of citizenship, freedom, and privileges of my country (International students attending college on a United States student visa and who possess full rights of citizenship of their country are eligible for membership.) I understand that there is a required GPA for maintaining membership in Phi Theta Kappa and agree to notify my chapter advisor immediately if at any time I fail to maintain my chapter's maintenance GPA. Therefore, I solemnly promise to uphold the standards of Phi Theta Kappa, and to make this object and aim foremost in my mind, and I do solemnly pledge allegiance to my fellow members and promise to aid them in all worthy endeavors.

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

## OFFICE USE:

Chapter Membership Form \_\_\_\_ Unofficial Transcript \_\_\_\_ Check, Money Order, Deposit Slip # \_\_\_\_\_ Date \_\_\_\_\_

Return completed forms to: MCC Center for Service-Learning: 1833 W. Southern Avenue, Mesa, AZ 85202 (480) 461-7393