



THE HONOR SOCIETY OF  
**PHI KAPPA PHI**

**Request for Reactivation and/or  
Transfer of Membership**

Date \_\_\_\_\_

- Requesting reactivation of active member status
  - a.  National dues for one year, \$30
  - b.  Active-for-Life Membership, \$300
  - c.  Chapter Dues for one year  
**BYU Chapter dues are \$5 per year.**

*Please enclose payment with this request.*

Mail to:

Member Records/Data Processing  
The Honor Society of Phi Kappa Phi  
7576 Goodwood Blvd.  
Baton Rouge, LA 70806

or

Fax: 225-388-4900

Attn: Wanda Norwood, Member Records

Questions? Call 800-804-9880, ext. 11

**NOTE:** You may opt to reactivate your membership online at [www.PhiKappaPhi.org/renew\\_membership.html](http://www.PhiKappaPhi.org/renew_membership.html); however, to transfer chapter affiliation\*, you must contact Member Records at 800-804-9880, ext. 11, or [members@phikappaphi.org](mailto:members@phikappaphi.org).

*\* There is no charge to transfer membership.*

MEMBER INFORMATION UPDATE

Member ID # (if known) \_\_\_\_\_

Dr.  Mr.  Mrs.  Ms.  Miss  Professor

First

Middle

Last Name

Suffix (Jr, etc.)

Maiden Name (if applicable) \_\_\_\_\_

Designation (*Ph.D., M.S., etc.*) \_\_\_\_\_ Job Title \_\_\_\_\_

*Please indicate preferred place of contact by checking the appropriate box next to the address.*

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Business Address (include company name) \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

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

Phi Kappa Phi Initiation Date \_\_\_\_\_ Last Four Digits of SSN \_\_\_\_\_

University Chapter Where Elected to Membership \_\_\_\_\_ Current Chapter Affiliation **Brigham Young University Chapter #058**

Major \_\_\_\_\_ Degree Earned \_\_\_\_\_

Method of Payment: (Please check)

- Check
- Money Order
- Visa
- MasterCard
- American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name As It Appears on Your Card: \_\_\_\_\_

Expiration Date: (Required) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

- Periodically, our partnering vendors like to send out special mailings to our members with new offers. If you DO NOT wish to receive any of these offers, please check here.