



PHI THETA KAPPA

HONOR SOCIETY

Georgia Regional Alumni Chapter Membership Application

First, Middle & Last Name _____

Office in Alumni Association (when applicable) _____

Member Number _____

Two-Year Chapter and Date of Induction _____

Name at time of Induction (if different from above) _____

Mailing Address _____

City, State, Zip Code _____

Telephone Number _____

E-Mail Address _____

If the member wants an Alumni Certificate (if so, include a check for \$10 per certificate/s).

For each Georgia Regional Phi Theta Kappa Alumni who would like to join the Georgia Regional Alumni chapter please submit the following information with a one-time \$50.00 membership fee (\$10 additional if you want an alumni certificate for a total of \$60.00) to:

Phi Theta Kappa Georgia Regional Alumni Association
Michelle Geisert; Asst. Professor of Sociology/PTK Chapter and Georgia Regional Alumni Advisor
1630 Metropolitan Parkway SW
Atlanta, GA 30310
mgeisert@atlm.edu
404-756-4711