

PI ALPHA ALPHA MEMBER APPLICATION
Northern Illinois University Chapter
Please type

Mr.
Ms.
Dr.

First Name

Middle Name or Initial

Last Name

requests membership in Phi Alpha Alpha National Honor Society
on (circle one) **his / her** record in the following membership category (circle one):

Student Faculty Alumni Honorary

Social Security Number: _____

Permanent Address:

Street _____
City _____
State _____ Zip Code _____
Phone _____

Local Address:

Street _____
City _____
State _____ Zip Code _____
Phone _____

Please enclose a check in the amount of \$75.00 payable to NIU.

_____ Signature _____ Date _____

Office use only:

GPA _____ Number of Hours Completed _____

Approved by: _____ on _____

Inducted on _____