

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 \$70.00 payable to NIU.

Signature

Date

Office use only:

GPA _____ Number of Hours Completed _____

Approved by: _____ on _____

Inducted on _____