PHI ALPHA THETA MEMBERSHIP APPLICATION * * *

For Chapter Records Only

Name:			
(Please PRINT your name	as you want it to appear	on the certificate: Fin	rst - MI - Last)
Graduate 🗖	Undergraduate \Box (check one)		
Graduation date:	Initiation date:		
Email:			
Permanent address: (Required for	mailing <u>The Historian</u>):		
	ZIP:		
Local address:			
	ZIP:		
Hours completed in History = (Basic requirements: at least 12 hr Undergraduate record:			
Schools attended	Dates	Major(s)	Degree earned
Activities and honors:			
Graduate record:			
Schools attended	Dates	Major(s)	Degree earned
Activities and honors:			
Publications:			

FACULTY ADVISORS MUST FOLLOW OUR GUIDELINES AT http://phialphatheta.org/procedure-for-submitting-new-initiates