

Permanent Record of Election (PRE)

INSTRUCTIONS FOR INITIATES: Please return this form along with a check for the initiation fee to the Phi Kappa Phi Chapter designee at the address listed in your invitation letter. Make certain this form and payment are returned by the chapter's deadline, which is also stated in your invitation letter. If you have any questions, please contact your local chapter or Society Headquarters at (800) 804-9880 ext. 11.

Title OMr. OMs. O	Mrs. ODr. OProf.		
Name	Middle	Last	Suffix
Name EXACTLY as it should appe	ar on certificate		
Permanent Address			
City	State/Province	Zip	Country
Home Phone	Cell Phone	Email	
.ast four digits of SSN	Student ID#	Initiation Date	
Jniversity or College where elect	ed to membership		
Election Status: OJunior	○Senior ○Graduate Student	○Faculty/Professional Staff	⊖Alumni ○Other
Major		Degree Sought (B.A., I	M.A., Ph.D.)
Expected Date of Graduation	Year of I	Birth*	
Are you considered an internation	nal student?* ONo OYes	If yes, what country of national	lity
\bigcirc I will attend the cerem	nony. Number of guests attending		
I will not attend the ce If you choose not to attend t	eremony. he ceremony, you may be contacted by the chapte	r to arrange a pick-up or shipment of your i	nitiation materials.

*The Honor Society of Phi Kappa Phi is an equal opportunity organization. The Society does not discriminate on the basis of race, color, sex, religion, national origin, age, financial status or sexual orientation.

www.PhiKappaPhi.org