



## IRAA Membership Form

### Member Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Birthday \_\_\_\_\_

### Phi Theta Kappa Information

Phi Theta Kappa Member ID: \_\_\_\_\_

Induction Date \_\_\_\_\_ Graduation Date \_\_\_\_\_

Community College \_\_\_\_\_

Chapter Name \_\_\_\_\_

Did you serve as a Phi Theta Kappa officer of any kind?      YES      NO

If yes, what was/were your title(s)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Mail your completed member information sheet to:*

*Shannon Hernandez*

*Student Activities, College of DuPage*

*425 Fawell Boulevard*

*Glen Ellyn, IL 60137*

*Please include a check or money order for your membership fee of \$30 made payable to:*

***Illinois Regional Alumni Association***

*Feel free to contact the Illinois Regional Alumni Association's Executive Board at: [iraa@ptkilregion.org](mailto:iraa@ptkilregion.org)*