



## 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:*

*Kevin Braden, Treasurer*

*P.O. Box 278*

*DeKalb, IL 60115-0278*

*Please include a check made out to **Illinois Regional Alumni Association**, or make a PayPal payment to [iraa@ptk.org](mailto:iraa@ptk.org), for your membership fee of \$30.*

*Feel free to contact the Illinois Regional Alumni Association's Executive Board at:*

*[iraa@ptk.org](mailto:iraa@ptk.org).*