



IRAA Membership Form

Member Information:

Name _____ Birthday _____

Address _____ City _____

State _____ Zip Code _____ Phone _____

E-mail Address _____ Graduation Date _____

Phi Theta Kappa Information:

Phi Theta Kappa Member ID: _____ Induction 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)? _____

OPTIONAL: Purchase an IRAA T-Shirts (\$15) YES NO Size _____

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, for your membership fee of \$20 plus any additional fees for T-shirt and/or Certificate.

Feel free to contact the Illinois Regional Alumni Association's Executive Board at: iraa@ptk.org.