PHI ALPHA THETA PHI CHI CHAPTER MEMBERSHIP APPLICATION

Name:		
Graduate Undergraduate	(circle one)	
Graduation date:	Initiation date:	
Email:		
Permanent address: (Requi	red for mailing <i>The Historian</i>):	
G'		7
City	State	Zip
Local address:		
City	State	Zip
Overall GPA=		
(Basic requirements: at lea	st 3.0 or higher overall GPA)	
T-Shirt Size:	_	
	No (Please use a check, payable to Ge ne put "Phi Alpha Theta").	orge Washington

PHIALPH A THETA MEMBERSHIP APPLICATION

For Chapter Use Only**

Name: (Please PRINT or TYPE you	r name as it should app	pear on your certificat	te: First -MI - Last)		
Graduate Undergraduate (ch	eck one)				
Graduation date:	aduation date: Initiation date:				
Email:					
Permanent address: (Required for ma	illing The Historian):				
City	State		Zip		
Local address:					
City	State		Zip		
Hours completed in History =(Basic requirements: at least 12 hrs, n	no more than 3 may be				
History and 3.0 or higher overall GP. Undergraduate record:	A)				
Schools attended	Dates	Major(s)	Degree Earned		
Activities and honors:					
Graduate record:	1-				
Schools attended	Dates	Major(s)	Degree Earned		
Activities and honors:					
Publications: Membership Fee (\$50 for National	and \$25 for Local Cl	napter) Paid?			
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