



Athens State University  
Phi Theta Kappa Alumni Association  
Student Member/Association Member Application

*Please fill out the Application and mail the completed form with a copy of your Phi Theta Kappa certificate/card from your 2yr college (if you are joining as an alumni member) and a one-time \$25 Alumni membership fee (check or money order made out to Phi Theta Kappa Alumni Association Athens State) to the address below. You will receive verification of membership and induction instructions following receipt of application and acceptance.*

ASU Phi Theta Kappa Alumni Association  
Athens State University  
Attn: Dr. Kim LaFevor  
300 N. Beaty Street  
Athens, AL 35611  
(256)216-5359 Office (256)216-5399 Fax  
Email: [kim.lafevor@athens.edu](mailto:kim.lafevor@athens.edu)

I am joining as an: \_\_\_\_\_ Alumni Member \_\_\_\_\_ Associate Member

**PLEASE PRINT:**

**NAME:**

\_\_\_\_\_  
(First) (Middle) (Last)

Has your name changed since you were inducted? \_\_\_\_\_

If yes, please write name as it was when you were inducted: \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
Street City State /Zip

\_\_\_\_\_  
ASU Student Number Phi Theta Kappa Membership Number

Two year college transferred from: \_\_\_\_\_

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
ASU Email: Alternate Email:

I am willing to assume a leadership role in the ASU Phi Theta Kappa Alumni Association. Please check one:

\_\_\_\_\_ YES \_\_\_\_\_ NO