PHI ALPHA NATIONAL HONOR SOCIETY
WESTERN MICHIGAN UNIVERSITY THETA PHI CHAPTER
MEMBERSHIP APPLICATION

Due on or before: February 28th

Lifetime Membership: one-time fee: $35 (enclose with this form)
(Please make check or money order out to: **WMU Phi Alpha Honor Society**. Sorry, cash will not be accepted)

NAME: _____
Last First

ADDRESS: _____

_____
City State Zip Code

E-mail: _____ WIN: _____

TELEPHONE NUMBER: (_____) _____

BSW_____ MSW-Kalamazoo____ MSW-Grand Rapids____ MSW-Benton Harbor____

Anticipated Graduation Date _____

Check Number:_____ Name on Check: _____

Please provide (**PRINT**) the following information as you want it printed on your certificate:

Name: _____
(First) (Middle) (Last)

_____
City State Zip Code

Please return this application as follows:

Drop off to the School of Social Work,
attn.: Kelly Powers

OR mail to: College of Health and Human Services
School of Social Work
1903 W. Michigan Avenue
Kalamazoo, MI 49008-5354
attn.: Kelly Powers
Re: Phi Alpha

For more information or questions, please e-mail: swrk-admi@wmich.edu
Or call Kelly Powers (269)387-8482

IMPORTANT: Checks may take 6 weeks to clear because they are all sent to national headquarters at the same time.

****You must also turn in a copy of your unofficial transcripts with your application****

Administrative Use Below:
Membership fee received: yes/no
Check Number: _____
Qualifying GPA/credits: yes/no
Anticipated graduation date: _____