

ALPHA KAPPA PSI CHAPTER OF PHI THETA KAPPA
KAPĪOLANI COMMUNITY COLLEGE · UNIVERSITY OF HAWAII
4303 DIAMOND HEAD ROAD HONOLULU, HAWAII 96816

NEW MEMBER INFORMATION FORM

Semester _____ Year _____

NAME _____ Student I.D. _____
Last First MI

HOME ADDRESS _____
Number Street Apt. No.

City State Zip code

PHONE NUMBER:

Home _____ Work _____ Pager _____

E-MAIL ADDRESS _____

BEST DAYS/TIMES TO CONTACT YOU _____

OCCUPATION/EMPLOYER _____

CUMULATIVE # OF KapCC CREDITS _____ Kapi`olani CC CUMULATIVE GPA _____

(NOTE: English and Math courses below 100 do not count in total number of credits or cumulative GPA. If you do not qualify to be a regular member this semester, ask about being a provisional member.)

MAJOR _____ EXPECTED GRADUATION (Sem/Year) _____

DEGREE PURSUING _____

Please PRINT or TYPE your name exactly as you would like it to appear on your membership certificate:

MEMBERSHIP AGREEMENT

1. I understand that Phi Theta Kappa is an active organization. By joining, I agree to support all activities to the best of my ability and as far as time allows.
2. I understand that a telephone/address list is available to all members. I agree to have information about myself included in the list. The list is to be used for Phi Theta Kappa purposes only.
3. I understand that Phi Theta Kappa, Kapi`olani Community College, University of Hawai`i, and/or the State of Hawai`i will not be held liable for any type of personal injury incurred and/or loss or damage to personal properties while I am attending/participating in any Phi Theta Kappa/Alpha Kappa Psi activity/event.
4. I do solemnly promise to uphold the standards of Phi Theta Kappa and to make this object and aim foremost in my mind and I do solemnly pledge allegiance to my fellow members and promise to aid them in all worthy endeavors.

Signature _____

Date _____