



**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 2-yr college 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)

**PLEASE PRINT:**

**NAME:**

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

**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**