Membership Form

PHI BETA KAPPA

NORTHERN CALIFORNIA ASSOCIATION

Please print clearly, especially your email!

Full Name Mr./Ms./Mrs./Miss/Dr._____

Street _____ Home Phone _____

City/State/ZIP _____ Work Phone _____

Email __|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__

Employer _____ Job Title _____

Does your employer match donations? ____Yes ____No

Year Initiated _____ School _____ Major/Degree _____

Name at Initiation (*e.g.*, maiden name) _____

ΦBK ID number, if known _____

Unless you specify otherwise, you will receive the newsletter by email weeks before others get the hard copy, thus saving paper, mailing costs, trees and landfills; and giving you advance notice of all our events.

☐ Sorry, I'm old-fashioned. I want to receive a hard copy.

Your dues and donations are fully tax deductible
ΦBKNCA is staffed entirely by volunteers; donations go directly to award programs

☐ Patron $1000+
☐ Sponsor $500–$999
☐ Benefactor $250–$499
☐ Donor $100-$249
☐ Sustaining $50-$99
☐ Regular Dues $30
☐ Full-Time Student $10

Any amount donated above the membership-dues amount may be designated:
$_____ to Scholarships $_____ to Teaching Excellence $____ to Endowment

I am interested in the following committees:
☐ Programs ☐ Scholarship ☐ Chapter Liaison ☐ Teaching Excellence ☐ Asilomar
☐ Finance/Audit ☐ Nominating ☐ Newsletter ☐ Membership (Database Mgmt)

Thank you for your support! www.pbknca.com Membership 2021

Please make your check payable to PBKNCA and return this form with your check to:

PBKNCA
c/o Ms. Patricia Kenber VP membership
1073 River Rock Lane
Danville CA 94526-4001