

**PHI ALPHA THETA
SUBSCRIPTION RENEWAL FORM**

(PLEASE PRINT)

MEMBER NAME: _____

MEMBER ADDRESS: _____

❖ **SUSTAINING - \$35**
(Includes \$5.00 donation for scholarship program) \$ _____

❖ **SUPPORTING**
The Historian - one year (4 issues) - \$30 \$ _____

The Historian - two years (8 issues) - \$56 \$ _____

❖ **Scholarship Donation** (tax-deductible) \$ _____

*Add \$10 for delivery for foreign address \$ _____

\$ _____

TOTAL

PAYMENT INFORMATION:

Check – payable to “Phi Alpha Theta”

Credit Card: ___ MasterCard ___ Visa ___ Discover ___ AMEX

Card Number: _____ / _____ / _____ / _____ /

Expiration Date: ____ / ____ CVV (security code from back of card): ____ ____ ____

Billing address for credit card: _____

Name of Member if different: _____

School where inducted into Phi Alpha Theta: _____

State: _____ Year: _____ Member ID No. (if known) _____

Email address: _____

**Mail to: PHI ALPHA THETA HISTORY HONOR SOCIETY
UNIVERSITY OF SOUTH FLORIDA
4202 E. FOWLER AVE SOC107, TAMPA, FL 33620-8100**

Thank you!