

**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 \$ \_\_\_\_\_

❖ **E-News Letter - \$20 for one year (4 issues)**  
(email address required for delivery) \$ \_\_\_\_\_

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

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

**TOTAL** \$ \_\_\_\_\_

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**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!**