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 $_________

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!