

Puget Sound Association of Phi Beta Kappa P.O. Box 84223, Seattle, WA 98124

Form for SCHOLARSHIP DONATIONS or MEMBERSHIP APPLICATION/RENEWAL

Name (first)	(last)	
Phone	Email	
Address		
City	State	ZIP
New members: University/co	ollege where initiated into ΦBK	Year
New members: Any interes	ts/skills that might be of interest to m	embers or to PSA-PBK itself?
Professional Information (c	optional)	
Title	Employer	
Phone	Email	
Check the membership cate	gory you prefer:	
	mber (Initiated into Phi Beta Kappa within per status lasts for three years.)	the past year. Your recent
If you wish to make a contri	oution to our scholars hip fund, please	so indicate below:
Undergraduate scholarships Myra Lupton Undergraduate Ernest R. Stiefel Graduate S		\$ \$ \$
TOTAL PAYMENT ENCLO	SED	\$

Please make your check payable to PSA-PBK and mail it with this form to: PSA-PBK, P.O. Box 84223, Seattle, WA 98124

For further information, please contactus at membership@psa-pbk.org or visit our website, PSA-PBK.org. Please note that membership dues/contributions to PSA-PBK are separate from contributions to your college chapter or to the national Phi Beta Kappa Society.

Your gift is tax-deductible as permitted by law. No goods or services were provided to you in exchange for your contribution.