



NV/CA Regional Alumni Association Application

The Nevada/California Regional Alumni Association (NCRAA) would like to congratulate you on your outstanding accomplishment by becoming a Phi Theta Kappa member and maintaining the level of academic excellence to finish your Community College career in good standing.

We would like to extend you an invitation for membership in the NCRAA to enable you to continue the excellence and service you found while at your Community College.

The mission of the Nevada/California Regional Alumni Association of Phi Theta Kappa International Honors Society of Two-year Colleges is to promote and guide the continual success and on going excellence of Phi Theta Kappa members beyond their two year college experience. We shall accomplish this by increasing funding for all members at Institutions of higher learning, fostering career and academic mentoring, and encouraging networking in harmony with the Hallmarks of Phi Theta Kappa International.

Requirements for membership:

- 1.) Must be a former member of the Phi Theta Kappa International Honors Society who terminated active membership in good standing and who was enrolled for at least one year in a two-year college.
- 2.) Member in the NV/CA Regional Alumni Association may also be a member of a community college or university oriented alumni association.
- 3.) A general member of the NCRAA shall be any Phi Theta Kappa alumnus in good stand at their respective chapter who has completed the application for membership and pays the alumnus membership dues of \$40.00. The membership dues are a one time only due. The dues are to cover cost of operation of the association and alumni functions. The NCRAA is a non-profit organization.

Please make the \$40.00 check payable to **NCRAA** and mail along with the application to:

Vice President of Finance
Steve Prough
PO Box 460583
Escondido, CA 92046

For the first time, we are offering Phi Theta Kappa Members the opportunity to register their contact information with the NCRAA so we can stay in touch with one another after graduation. Simply complete this Membership Application and check the "Register Only" box at the bottom of the form and we will subscribe you to the regional e-Newsletter so you stay up to date with alumni happenings. You can always upgrade to full membership at any time to receive all member benefits.

Registration does not constitute membership on the Regional or International levels.

We wish you the best of success in all of your future endeavors and look forward to working with you.

On behalf of NCRAA Executive Board,

Jesse Lyn

NV/CA Regional Alumni Association President
Phi Theta Kappa International Honors Society



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Name: _____
Last First Middle

E-Mail Address: _____ @ _____

Current Address: _____
Street Address & Apt# City State Zip Code

Permanent Address: _____
If different than current address Street Address & Apt# City State Zip Code

Phone Number: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Number: (____) _____ - _____

Community College & Chapter: _____
 Community College Graduation Date: _____

Did you hold a Chapter, Regional, or International Office? YES/NO If Yes, fill out the information below:

Position Held: _____ Year(s): _____

Position Held: _____ Year(s): _____

My following plans are:

100% Certain What I think will happen (fairly sure) Uncertain

Transfer Institute/University: _____

Major: _____ Expected Graduation: _____

Graduate Degree: _____ Expected Graduation: _____

Career Plans/Goals: _____

Work Force –Employer: _____

Occupation (current or desired) _____

Would you like to take an Active Role in the Association? YES/NO If Yes, fill out the information below:

Officer Speaker for Chapter & Alumni Events Committee Work
 Chapter Mentor Event Planning Other

For event planning purposes, do you have any physical limitations that we should be aware of? YES/NO
 If "yes", please briefly state your condition: _____

Applicant Signature: _____ **Date:** _____

Dues paid (Check# /cash) _____	Amount Paid \$ _____	<input type="checkbox"/> Register only
Scholarship Donation \$ _____	Check# /Cash: _____	