



**PHI THETA KAPPA (ΦΘΚ) – BETA MU GAMMA CHAPTER  
MEMBERSHIP APPLICATION**

The information on this form will be used by Phi Theta Kappa Headquarters to secure transfer scholarships for Society members. Information will only be released to senior institutions providing scholarship opportunities or other organizations providing benefits exclusively for PTK members.

**Please print clearly or type.**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address (no PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SCC I.D. Number \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Graduation/Transfer Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Will you be at Solano Community College both semesters in 2023-2024? \_\_\_\_\_

**Membership eligibility requirements:** You need to be currently enrolled at Solano Community College and have a cumulative grade point average of 3.5 or better in at least twelve units of transferable or degree-applicable course work completed at Solano Community College. (Students with a GPA of 3.2 are eligible form membership in the SCC PTK Club.)

**MEMBERSHIP AUTHORIZATION**

*By completing this form, I certify the following:* I have met all membership eligibility requirements for Phi Theta Kappa, and have been extended an invitation for membership in my local chapter. I believe in, and support the purpose of, the Society as stated in the Phi Theta Kappa Constitution, adhere to the moral standards of the Society, and currently enjoy the full rights of citizenship, freedom, and privileges of my country. (International students attending college on a United States student visa and who possess full rights of citizenship of the country are eligible for membership).

I understand that there is a required GPA for maintaining membership in Phi Theta Kappa and agree to notify my chapter advisor immediately if at any time I fail to maintain my chapter’s maintenance GPA. Therefore, I solemnly promise to uphold the standards of Phi Theta Kappa, and I do solemnly pledge allegiance to my fellow members and promise to aid them in all worthy endeavors.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Typed signatures are considered valid.)

*Phi Theta Kappa is committed to the elimination of discrimination based on gender, race, class, economic status, ethnic background, sexual orientation, age, physical ability, and cultural and religious backgrounds.*

There is a one-time-only membership fee of \$75  
If the fee is prohibitive, please submit your application and request a fee waiver  
Please return your application along with a copy of your transcripts to [PTK@solano.edu](mailto:PTK@solano.edu)  
[FAQS](#) about PTK membership