

Date: _____

Phi Chi Theta
CONNECTIONS Information Update Form

(ΦX⊗ Alumni Directory)

SEND ALL COMPLETED FORMS TO:

Form Due:

Φ December 15th

X April 15th

⊗ Anytime

Fall/Winter Graduates

Spring/Summer Graduates

Alumni New/Updated Information

Send to: [Executive Director](#) or
Phi Chi Theta
1508 E. Beltline Road
Suite 104 Carrollton, TX 75006

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: () _____

E-mail Address: _____

Social Security Number: _____

Post Graduate Information

Please Fill In The Appropriate Information:

I am/will be employed at:

Company Name: _____

Job Title: _____

Retired:

Company Name: _____

Job Title (before retirement): _____

Phi Chi Theta Information

University/College Attended: _____

Chapter Name: _____

Membership Information (check all that apply):

- I am a member of an Alumni Chapter.
- I am interested in joining an Alumni Chapter in my area.
- I am interested in starting an Alumni Chapter in my area.
- I am interested in becoming an Alumni without a local affiliation.
- Enclosed is my \$5.00 donation for a copy of Connections.
- Enclosed is my donation to Phi Chi Theta Fraternity.
Amount _____ (Make check payable to ΦX⊗)
- Enclosed is my donation to Phi Chi Theta Educational Foundation.
Amount _____ (Make check payable to ΦX⊗ Educational Foundation)

Check us out on the web: www.phichitheta.org

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