



**Phi Beta Kappa New Member Registration Form 2017**

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

**Permanent Address:**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ E-mail \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Spring '17      \_\_\_\_\_ Fall '17      \_\_\_\_\_ Spring '18      Other \_\_\_\_\_

Degree/Major(s): \_\_\_\_\_

Please print your full name as you wish it to appear on your certificate:  
\_\_\_\_\_

I would like to be considered for a scholarship for the induction fee due to financial challenges.       Yes       No  
*You will be contacted via email.*

Do you plan to attend the Induction Ceremony at Union South on April 22, 2017 (3:30 P.M.)? Attendance is strongly advised  
 Yes       No

Do you plan on attending the banquet reception at 5:00 P.M. and 5:45 P.M. dinner at Union South?       Yes       No

Will you be bringing guests to the banquet (\$30 per guest)?       Yes       No

If yes, how many?      \_\_\_\_\_

Are you or any of your guests vegetarian or gluten-free?       Yes       No

If so, list the number of vegetarian and gluten-free entrees.       Vegetarian       Gluten-Free

Are you interested in giving a 10 minute speech on behalf of the new student inductees at the banquet?  
*You will be contacted to submit a draft of speech.*  
*A committee will review the speeches and select a speaker.*       Yes       No

Are you interested in being a PBK Fellow to help organize future PBK events and recruit invited students to join PBK? (\$1,000 Fellowship)       Yes       No

In honor of your PBK induction, we will be releasing your name, hometown, and state to campus newspapers and your hometown newspapers.  
Do you want this information released?       Yes       No

I am enclosing my one-time induction fee of \$115.00 to Phi Beta Kappa and any other fees for banquet guests written out to "Phi Beta Kappa" with the understanding that a portion will be sent to the national Phi Beta Kappa Society for registration and administrative costs. I hereby transmit to my electing chapter at UW-Madison.

Member's Accepting Signature \_\_\_\_\_

Please return this form and check to:  
420 South Hall, 1055 Bascom Mall, Madison WI 53706