ALPHA KAPPA DELTA

International Honor Society for Sociology

Membership Activation Form

This form is to be used to receive your one-free year of *Sociological Inquiry* and communication from the Executive Office. Do not use as a membership application form.

To be an active member and claim your one-year subscription, your information must have been given to us by your chapter representative with the order form or you MUST return this form. **Carefully type or print your full name, permanent mailing address and/or e-mail address.** Please notify the AKD office of name, address, and e-mail changes. Printed journal issues are not forwarded. Incorrect mailing addresses increase mailing costs. Help the Executive Office go green by selecting online only access. New subscriptions will be entered at the beginning of the next volume-year. **Please note that the journal is sent out quarterly.** Any activation form received after September 1 will be entered for the following calendar year.

Please type or print neatly.

Name: _____ _____ _____
First Middle Last

Address: _____

_____

City: _____ **State:** _____ **Zip:** _____

E-mail: _____
*Provide your working e-mail address to receive communication from the Executive Office (News, updates, Facebook invite, voting, etc.)

Telephone: _____ _____
Area code

When you are initiated you become a lifetime member of Alpha Kappa Delta, the International Sociology Honor Society. Payment of the initiation fee entitles you to become an active member and receive a one-year subscription to *Sociological Inquiry*, official journal of the Society. After the first year, you may remain active by renewing your subscription to *Sociological Inquiry*.

Please check which option you prefer in regards to receiving your journal:

_____ Online access ONLY (note: you will not receive printed journals)

_____ Print copies ONLY

_____ Both online and print copies

_____ I do not wish to receive the journal in either format, thanks.

Carefully print or type the following information for the chapter where you were initiated.

Date of Initiation: **Month:** _____ **Day:** _____ **Year:** _____

Affiliation: **School:** _____

State: _____

Check your status: Undergraduate Student Initiate _____

Graduate Student Initiate _____

Non-Student Initiate _____

Please return this form to your school's AKD chapter representative or

Email to: AKD@lemoyne.edu
Fax to: 315.445.6029
Mail to: Alpha Kappa Delta | Le Moyne College | 1419 Salt Springs Rd. | Syracuse, NY 13214

Revised 8/15/2013