

# APPLICATION FOR PSI CHI MEMBERSHIP

(For chapter records and verification – do not send to National Office)

1. Name \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_

2. Current Address: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

5. Classification: Sophomore  Junior  Senior  Graduate

6. Estimated Graduation Date (Month/Year): \_\_\_\_\_

7. Psychology courses taken to date:

Course (Name & Number)	Grade Received	Credit Hours
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Estimated Cumulative GPA \_\_\_\_\_ Estimated Psychology GPA \_\_\_\_\_

I hereby authorize the Psi Chi faculty advisor to review my college records for the sole purpose of determining my eligibility for becoming a member of Psi Chi.

\_\_\_\_\_  
(Signature of Applicant)

Return this form to the Psi Chi box at 280 South Along with Check/ Money Order for \$45.00 (\$35 National and \$10 Chapter Dues) Made Out to "Psi Chi Chapter 982"

**NO LATER THAN OCTOBER 10TH**

List below the names of any other interested psychology students who did not receive this notice. \_\_\_\_\_

\_\_\_\_\_

Remember, you must join Psi Chi while you are a student. We are happy that we are able to offer you the privilege of joining Psi Chi as soon as you are eligible.

Active participation is encouraged. We hope that you can join now.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter Officer or Faculty Advisor