



PSI CHI THE INTERNATIONAL HONOR SOCIETY IN PSYCHOLOGY

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registcd [3/11]

Registration Card

Member Profile (Please print legibly. Print your name as you want it to appear on your membership certificate and card.)
Please complete both sections and return as specified by your chapter.

CENTRAL OFFICE FILE CARD

[3/11]

Name of chapter [school]		State Country
Name: First	Middle name/initial	Last
Email	Student ID number	Estimate date of graduation (mo/day/yr)
Current mailing address: Street or PO Box	City State Zip Country	
Permanent address (if different above)	City State Zip Country	
Phone number	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Faculty	
The following information is used only for internal Psi Chi statistical purposes.	Psi Beta Member: <input type="checkbox"/> No <input type="checkbox"/> Yes	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Race/Ethnicity:	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mixed Racial Background <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other [specify]	
Are you classified as an international student by your university? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list your country of citizenship.	I accept Psi Chi's Constitution: Signature Date	

CHAPTER FILE CARD (this section should be kept with your chapter records)

[3/11]

Name of chapter [school]		State Country
Name: First	Middle name/initial	Last
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