

REGISTRATION CARD**PSI CHI**

THE NATIONAL HONOR SOCIETY IN PSYCHOLOGY

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Member Profile

(Please print legibly. Print your name as you want it to appear on your membership certificate and card.)

Chapter (Name of School) _____ State: _____

Name: First _____ Middle Name/Initial _____ Last _____

Current School Address _____

City _____ State _____ Zip _____

Permanent Address (if different from above) _____

City _____ State _____ Zip _____

Phone Number(s) _____ E-Mail Address _____

Social Security Number _____ Date Inducted into Psi Chi (mo/day/yr) _____

 Undergraduate Graduate Student Faculty Estimated Date of Graduation (mo/yr) _____*The following information is used only for internal Psi Chi statistical purposes.*Sex: Female Male Ethnicity: Asian/Pacific Islander Black/African American Hispanic/Latino White/Caucasian
 Other: _____*I accept Psi Chi's Constitution:*

Signature _____

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(REV. 7-02)

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