



**PSI CHI** THE INTERNATIONAL HONOR SOCIETY IN PSYCHOLOGY

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registcd [8/09]

**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**

[8/09]

Name of chapter [school]		State   Country
Name: First	Middle name/initial	Last
Email	Student ID number	Estimate date of graduation (mo/day/yr)
<b>Current mailing address:</b> 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	
<b>The following information is used only for internal Psi Chi statistical purposes.</b>	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]	
I accept Psi Chi's Constitution:		Signature   Date

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

[8/09]

Name of chapter [school]		State   Country
Name: First	Middle name/initial	Last
Email	Student ID number	Estimate date of graduation (mo/day/yr)
<b>Current mailing address:</b> 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	
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