



FM 1.2 [8/06]

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.

NATIONAL FILE CARD

[8/06]

Chapter (Name of school)		State	
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	
Permanent address (if different above)		City State Zip	
Phone number(s)	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Faculty		Date inducted into Psi Chi (mo/day/yr)
The following information is used only for internal Psi Chi statistical purposes.		Psi Beta Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	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)

[8/06]

Chapter (Name of school)		State	
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	
Permanent address (if different above)		City State Zip	
Phone number(s)	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Faculty		Date inducted into Psi Chi (mo/day/yr)
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