



FM 1.2 [2/05]

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

**NATIONAL FILE CARD** [8/04]

Chapter (Name of school)		State
Name: First	Middle Name/Initial	Last
<b>Current Address:</b> Street or PO Box		City   State   Zip
Permanent Address (if different above)		City   State   Zip
Phone Number(s)	E-mail	Student ID Number
Date Inducted into Psi Chi (mo/day/yr)	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate Student <input type="checkbox"/> Faculty	Estimate Date of Graduation (mo/day/yr)
<b>The following information is used only for internal Psi Chi statistical purposes.</b>		Psi Beta Member: <input type="checkbox"/> Yes <input type="checkbox"/> No   Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Ethnicity: <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Other (list below)		
I accept Psi Chi's Constitution:		Signature   Date

**CHAPTER FILE CARD** [8/04]

Chapter (Name of school)		State
Name: First	Middle Name/Initial	Last
<b>Current Address:</b> Street or PO Box		City   State   Zip
Permanent Address (if different above)		City   State   Zip
Phone Number(s)	E-mail	Student ID Number
Date Inducted into Psi Chi (mo/day/yr)	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate Student <input type="checkbox"/> Faculty	Estimate Date of Graduation (mo/day/yr)
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I accept Psi Chi's Constitution:		Signature   Date