



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	
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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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