



# PSI CHI THE INTERNATIONAL HONOR SOCIETY IN PSYCHOLOGY

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memappl | 8/09 |

## Membership Application

For chapter records and verification—do not send to Central Office

Name		Student ID number	
Current mailing address   Street or PO Box		City   State   Zip   Country	
Phone number		Email	
Classification: <input type="checkbox"/> 2nd semester Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student <input type="checkbox"/> Faculty		Estimate date of graduation [mo/yr]	
<b>PSYCHOLOGY COURSES TAKEN TO DATE (to be filled out by students only)</b>			
Course [name & number]		Grade received	Credit hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Actual cumulative GPA	Actual psychology GPA	I hereby authorize the Psi Chi faculty advisor to review my college records for the sole purpose of determining my eligibility for becoming a member of Psi Chi.	
		Applicant Signature	
Return this form to the Psi Chi box at: _____		or to a Psi Chi chapter faculty advisor listed below by: _____	
Advisor Name		Name	
Location		Name	
Coadvisor Name		Name	
Location		Name	
Remember, you must join Psi Chi while you are a student through your local chapter. The Central Office does not accept individual applications.		Name	