



CSUF PSI CHI MEMBERSHIP APPLICATION

**Turn in all items listed below to the Psychology Department Office in
Humanities 830-M**

Name _____ Student ID # _____ - _____ - _____
 Phone _____ - _____ - _____ E-mail _____
 Address _____ City _____ Zip _____
 GPA: Undergraduate Overall _____ Psychology _____ Graduate Overall _____

Requirements for Active membership

- 9 completed units in psychology
- Registration as a Psychology major or a Psychology minor
- Undergrad GPA: Overall ≥ 3.2 Psychology ≥ 3.5 . Graduate GPA: Overall ≥ 3.5
- High standards of personal behavior

Your application MUST include ALL of the following items:

- 1) Completed membership application
- 2) Check for \$65.00 made out to "Psi Chi"
- 3) Print out of unofficial transcripts for undergraduates. A copy of the last grade report for graduates

Undergraduates: List all psychology courses completed.

Graduates: List previous degrees and graduate courses completed.

Course	School	Grade

APPLICANT Signature: _____ Date: _____

Visit <http://psych.fullerton.edu/psichi> for more information!



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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I accept Psi Chi's Constitution:			Signature Date