



Membership Application

TO: Prospective Psi Chi members

FROM: Psi Chi, The National Honor Society in Psychology

SUBJECT: Membership in Psi Chi

Psi Chi is the National Honor Society in Psychology. Our Psi Chi chapter provides you with the opportunity to join Psi Chi if you meet certain standards required by Psi Chi and the Association of College Honor Societies (a governing body for college honor societies).

Membership in Psi Chi is an earned honor which is for life. A permanent record of your membership is preserved at the Psi Chi National Office and may be used for reference purposes such as applications for graduate school and jobs. The Psi Chi national membership fee is **\$35**. This one-time fee is for lifetime membership, a certificate suitable for framing, a membership card, and a lapel pin. There are no annual national dues, but each chapter may have chapter dues.

When you are inducted into Psi Chi, you become eligible to wear the Psi Chi honor cord, medallion, jewelry, stole, etc. Copies of Psi Chi's magazine, *Eye on Psi Chi*, are sent to each chapter for distribution to the members while they are in school. After graduation, members are encouraged to subscribe to *Eye on Psi Chi* to keep up with Psi Chi news. Psi Chi members are eligible to present research papers/posters at Psi Chi programs held at national and regional conventions. In addition, members may participate in Psi Chi's undergraduate and graduate research award and grant programs. Undergraduate members may submit their research for publication in the *Psi Chi Journal of Undergraduate Research*. The names of new members and activities of chapters are published in *Eye on Psi Chi* and are preserved for historical purposes. To obtain more information about Psi Chi and its benefits, visit our website at www.psichi.org.

If you are interested in joining Psi Chi, please fill out the form on the other side of this sheet and return it to the Psi Chi chapter officer or faculty advisor listed on the bottom of the form. The chapter will then determine if you are eligible for membership. We look forward to hearing from you.

Eligibility for undergraduates includes:

- Registration for major or minor standing in psychology (or for a program psychological in nature)
- Completion of 3 semesters or 5 quarters of the college course
- Completion of 9 semester hours or 14 quarter hours of psychology courses
- Ranking in the top 35% of one's class in general scholarship
- A minimum GPA of 3.0 (on a 4.0 scale) in both psychology classes and in cumulative grades

Eligibility for graduate students includes:

- Registration for major or minor standing in psychology (or for a program psychological in nature)
- A minimum overall cumulative GPA of 3.0 on a 4.0 scale in all graduate courses

Eligibility for faculty advisors includes:

- Full-time faculty at their institution
- Holds a doctoral degree in psychology or psychology-related field

Students and faculty are elected to membership by the chapter at the institution, according to the provisions in the national *Psi Chi Constitution*. Any chapter, at its discretion, may establish higher academic standards for eligibility, but may not require service standards for eligibility. Membership in Psi Chi is open to qualified candidates of any age, sex, sexual orientation, race, handicap or disability, color, religion, and national and ethnic origin.



FM 1.3 (7/07)

Membership Application For chapter records and verification—do not send to National Office

Name	Student ID number
Current mailing address Street or PO Box	City State Zip
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)

PSYCHOLOGY COURSES TAKEN TO DATE (to be filled out by students only)

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: _____	List below the names of any other interested psychology students who did not receive this notice.
Advisor Name		Name
Location		Name
Coadvisor Name		Name
Location		Name
<i>Remember, you must join Psi Chi while you are a student. We are happy that we are able to offer you the privilege of joining Psi Chi as soon as you are eligible. We hope that you can join now.</i>		Faculty advisor
		Signature Date



FM 1.2 [7/07]

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

[7/07]

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	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Faculty	
The following information is used only for internal Psi Chi statistical purposes.	Psi Beta Member: <input type="checkbox"/> No <input type="checkbox"/> Yes	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)

[7/07]

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	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate student <input type="checkbox"/> Faculty	
The following information is used only for internal Psi Chi statistical purposes.	Psi Beta Member: <input type="checkbox"/> No <input type="checkbox"/> Yes	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