Membership Application

In order to join, you must qualify for membership and join through the chapter where you are currently a student or faculty member. (see requirements). **Once your faculty advisor approves your registration,** you can enjoy the members-only areas of the site. Please capitalize the first letter in each word of your entire name as you would like it to appear on your certificate. Should you make an error, email edits of your submitted application to membership@psichi.org. Please complete the application as accurately as possible. All * fields are required.

Print Page

General Information

If your school name does not appear in the dropdown below, click here.

Chapter Name:

-Select Chapter-

School Name

Enter School Name

First Name:

Enter First Name

Middle Name:

Enter Middle Name

Last Name:

Enter Last Name

Suffix:

None

Student Id Number:

If None Enter 0

Birthday:

mm/dd/yyyy

Email:

Enter Email

Alternate Email:

Enter Alternate Email

Mobile Phone:

Enter Mobile Phone

Home Phone:

Enter Home Phone

Work Phone:

Enter Work Phone

Mailing Address

Mailing Address 1:

Enter Mailing Address 1

Mailing Address 2:

Enter Mailing Address 2

Enter City:

Enter City

State/Province/Location:

Enter State/Province/Location

Postal Code:

Enter Postal Code

Country:

Enter Country

Physical Address

Same as Mailing: ☐

Physical Address 1:

Enter Physical Address 1

Physical Address 2:

Enter Physical Address 2

Enter City:

Enter City

State/Province/Location:

Enter State/Province/Location

Postal Code:

Enter Postal Code

Country:

Enter Country

Student Information

Current Classification:

-Select-

Graduated?

○Yes ○No

Graduation Date or Expected Graduation Date:

mm/dd/yyyy

Additional Information

Psi Chi values diversity in our membership as well as in our resources, initiatives and scholarships. It helps to know a little more about our members. Information about individuals is kept confidential.

Are classified as an international student by your university?

○Yes ○No

Are you currently active at your campus?

○Yes ○No

Are you a transfer student?

○Yes ○No

Are you a Psi Beta member?

○Yes ○No

Organization/Employer:

Enter Current Employer

Your Current Profession:

Enter Current Profession

Your Current Title:

Enter Current Title

Employer Website:

Enter Your Employer Website

Gender:

○Male ○Female ○Other ○Prefer not to respond

Race/Ethnicity:

-Select Ethnicity-

Consent Section

- ○ I have read and accepted the Psi Chi Constitution.
- ○ I have completed at least 9 semester hours or 14 quarter hours of psychology courses.
- ○ I have a psychology GPA that is a minimum of 3.0 on a 4-point scale.
- ○ In addition to the information that we send you for the legitimate intent to fulfill our contractual obligation in completing your membership, we may also send you communications that include information on products, services, discounts and promotions from Psi Chi or our partners. Psi Chi does not share members' email addresses with third-party vendors. Please provide your consent to receive such communication.
- ○ By entering my name and selecting the submit button I certify that all information is true and accurate. I hereby authorize the Psi Chi faculty advisor the right to review my college records for the sole purpose of determining my eligibility for becoming a member of Psi Chi.

Name:

Enter Your Name

All * fields are required to be completed.

Submit

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