



PSI BETA®

THE NATIONAL HONOR SOCIETY IN PSYCHOLOGY FOR
COMMUNITY AND JUNIOR COLLEGES



Psi Beta Distribution Center, PMB 179, Ste 200, 8918 W 21st N, Wichita KS 67205
Tel (877) PBETA DC or (316) 722-0648 Fax (316) 721-7631 michael@psibeta.org

NEW MEMBERS REGISTRATION FORM for MAILING

from advisor for new members not registered online

NEWSLETTERISSUE
CHARTERNO.
DATERECEIVED
AMOUNTPAID
INVOICENO.
DONOTWRITEINTHISPACE

Chapter(nameofschool) _____

FacultyAdvisor _____ Inductees' InductionDate _____

This form must be signed by a Psi Beta faculty advisor. _____

(verifies eligibility and approval of new members)

ShippingAddress _____

TelephoneNumberofAdvisor _____ Advisor email _____

Give each candidate a written invitation to membership with a Deadline for submitting the registration information and for paying the \$50 membership fee to the chapter. You may copy the registration card found online.

Number of registration fees _____ @ \$50 (#silverpins _____) totaling \$ _____

Each registration includes a Psi Beta jewelry pin. If you prefer some or all silver-plated pins instead of gold-plated, please note how many. Otherwise, gold-plated pins will be sent.

Additional mailing fee for rush orders only. Call toll-free (877)PBETADC for amount. \$ _____

Allow three weeks for processing and regular mail from time registrations are received.

- \$6 Priority
- 2-day delivery
- Overnight delivery

College, chapter, advisor check or money order made payable to *Psi Beta* in the amount of **TOTAL \$ _____**
Credit cards and Purchase Orders are accepted for online registrations only.

Please TYPE on the back or attach a computer printout of all new member names in alphabetical order with mailing address, phone numbers and email address. Keep a copy for the chapter records. Send completed form and check or credit card # to the Psi Beta National Office, including extra postage requested for RUSH orders. Include one check, made payable to *Psi Beta, Inc.* for **\$50** per each new member registering, to cover lifetime national registration fee. Individual student checks will NOT be accepted, only college, chapter, advisor checks or money orders.

Mail this registration form and check to:
Psi Beta Distribution Center
PMB 179, Suite 200
8918 W 21st N
Wichita KS 67205

Number of Active Members _____ Date _____

IMPORTANT! ATTACH TYPED NAMES, ADDRESSES, TELEPHONE AND EMAIL OF ALL NEW INDUCTEES ON THE REVERSE SIDE OF THIS FORM ✂