



Psi Beta

Membership Application

The National Honor Society in Psychology For Community
And Junior Colleges

Membership

Name: _____	Address: _____
City/State: _____	Telephone: _____
Email: _____	Student ID: _____

Previous Course Information	
Psychology Courses -- Grade	Community Service Hours Or Psychology Club Involvement
<i>Current Psychology Course(s):</i>	
<i>Total Credit Hours Completed:</i>	
<i>Overall GPA :</i>	

Authorization Agreement for Membership

I hereby authorize **The Psi Beta National Council** to inspect and verify my college records for the sole purpose of determining my eligibility for becoming a member of Psi Beta. I verify that the information provided above is accurate to my knowledge. Please return this application to Dr. Regina Traficante. If there are any questions, please call 825-2222.

Authorization Documentation

Community College Of Rhode Island Knight Campus
Psychology Department
400 East Avenue
Warwick, Rhode Island 02886-1807

Applicant's Signature:		
Applicant's Printed Signature:		Date:

