



# PSI CHI INFORMATION SHEET

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
(required by National Chapter)

USC ID#: \_\_\_\_\_

Local Address:

Permanent Address:

_____	_____
_____	_____
_____	_____

Local Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

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I am interested in contributing to Psi Chi in the following ways (check as many as apply):

- \_\_\_\_\_ helping to organize speakers
- \_\_\_\_\_ writing an article for Psi Chi's undergraduate newsletter
- \_\_\_\_\_ becoming a Psi Chi officer
- \_\_\_\_\_ joining study groups
- \_\_\_\_\_ set-up and clean-up committees for Psi Chi functions
- \_\_\_\_\_ attending a national Psi Chi convention

Please list any other skills you have or ways you would like to contribute to the enhancement of the local Psi Chi chapter:

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