PSI CHI THE NATIONAL HONOR SOCIETY IN PSYCHOLOGY

REGULAR MAIL | P.O. Box 709 | Chattanooga, TN 37401-0709 | STREET ADDRESS | 825 Vine Street | Chattanooga, TN 37403 CONTACT | PH: (423) 756-2044 | FX: 1-877-774-2443 (TOLL-FREE) | psichi@psichi.org | www.psichi.org

FM 1.5 [8/06]

Transfer of Membership to Another Chapter

Please fill in the information requested (type or print clearly).

Exact name when inducted	Psi Chi member ID number					
Name of chapter [college or university] when	State					
Date [or approximate date] of induction	Date of transfer [mor	nth/day/year]	Email			
Name of chapter [school] to which membership is being transferred			State			
Signature of faculty advisor at school to w	rhich you are transfe	rring	Requ	ired sign	ature Date	
If you wish to order a new membership certificate or membership card with your new chapter's name, please complete the following:						
Current name [as you wish it to appear on cer	tificate]					
☐ I would like to list both chapters and dates on the certificate: the original chapter and date and the new chapter with the date transferred. ☐ I would like to list only the chapter to which I am		New certificate [\$10.00 enclosed]				
			[\$2.00 enclosed] [\$5.00 enclosed]			
	nsferring and the date of transfer on the certificate. Yould also like to receive a new membership card.		□ Overnight \$20]	\$	1.50	
			Total Enclosed			
Shipping address:		Permanent address	(if different than add	lress at I	eft)	
Name		Name				
Address Street or PO Box		Address Street or P	О Вох			
City State Zip		City State Zip				
Phone [daytime]		Phone [daytime]				
Email						

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CHART			
SHIPPE	DATE MAILED		
□ON	□UPSG	□P0	
TRACK	#		

Members may transfer their Psi Chi membership to another chapter without paying a fee to the National Office.

However, chapters must not transfer anyone's membership until the National Office verifies that the person who wishes to transfer is registered at the National Office.

■ *MAIL TO:*

Psi Chi National Office P.O. Box 709 Chattanooga, TN 37401-0709