

APPLICATION FOR MEMBERSHIP FORM

Name

Name of College Attending

Permanent Home Address

email address

City State Zip

Birth Date

Home Phone Number

Circle: Soph. Jr. Sr. Grad.

Social Security Number

Current GPA

List three campus and/or community activities you have participated in:

1. _____
2. _____
3. _____

Achievement, Honors, Clubs:

Goals/Future Plans:

Please feel free to use the back or additional paper as needed. If you should have any questions feel free to contact our office or email us at any time. For more information visit our web site, www.omicron-psi.com

I, _____, hereby give the National Omicron-Psi Honor Society permission to use any of the above information as a reference as requested by any prospective employers and/or graduate schools. If I should obtain a scholarship from Omicron-Psi, I also give permission that my name can be published in brochures, and picture used for promotional uses at other higher education institutions.

Signature

Date

Please attached a current GPA verification and one letter of recommendation from your current advisor and mail them, along with this application and membership dues of \$35.00 plus \$4.95 shipping and handling to:

National Omicron-Psi Honor Society
Membership Department
HC 77, Box 189
Thornfield, MO 65762

Membership pin, certificate and honor cords will be mailed to your home address 2 weeks following receipt of form.