

**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](http://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 \$6.95 shipping and handling to:

**National Omicron-Psi Honor Society  
Membership Department  
210162 CR 34  
Bayard, NE 69334**

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