



Psi Alpha Omega

Membership Application



Please print or type

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Name of School or University: _____

Phone: _____ Email: _____

Ethnicity (Check all that apply):

- African American/Black American Indian/Alaskan Native
 Asian/Pacific Islander Latino(a)/Hispanic Euro-American/White
 Other or Mixed (Please Specify): _____

Signature of Sponsoring Faculty: _____

Membership Category (Check one)

- Member (\$20.00 - Community College Student)
 Member (\$20.00 - Four Year College/University Student)
 Member (\$20.00 - Graduate Student)
 High School Member (\$12.50 - High School Student)
 Faculty Member (\$20.00 - Faculty Member)

Please send this form along with your check or money order (no cash) made payable to Psi Alpha Omega to:

Psi Alpha Omega
871 East 3550 North, Ogden, UT 84414

Further information can be found at:

PSIALPHAOMEGA@COMCAST.NET