



GARRISON HONORS CENTER

ORANGE COAST COLLEGE

Email: pb@occ.cccd.edu Phone: 714.432.5601

Psi Beta PSYCHOLOGY HONOR SOCIETY APPLICATION FOR MEMBERSHIP

INSTRUCTIONS FOR SUBMITTING THIS APPLICATION – 2 STEP PROCESS

STEP 1: APPLY FOR MEMBERSHIP AND PAY THE MEMBERSHIP FEE:

Please complete and submit this form with the additional documentation listed below to: garrisonhonorscenter@occ.cccd.edu

1. The Garrison Honors Center General Info Form (if not previously submitted this semester)
2. An unofficial copy of your OCC transcript (and any other college transcripts that will be used to determine eligibility)
3. Confirmation of payment for your \$100 membership fee.* **GO TO: <http://weblink.donorperfect.com/honorsclubs>**

*EOPS, CalWORKS, STUDENT EQUITY, and GUARDIAN SCHOLARS: Please **DO NOT MAKE PAYMENT**. Mark your affiliation with one of these programs in the space below, and bring your completed paperwork to the **Garrison Honors Center** for processing. We will bill your program.

STUDENT ID NUMBER	LAST NAME	FIRST NAME	MI	SCHOOL EMAIL ADDRESS
				@student.cccd.edu
BILL PROGRAM:	EOPS	GUARDIAN SCHOLARS	CalWORKS	STUDENT EQUITY

Minimum criteria for PERMANENT MEMBERSHIP:

- Currently enrolled in OCC coursework
- Completed 12 or more units of letter-graded coursework at OCC with a minimum cum GPA of 3.25
- Completed one or more qualifying psychology courses with a minimum 3.0 GPA among them

If you meet each of the criteria for membership above, please make your membership fee payment: **\$ 100.00**
FOR FEE PAYMENT, GO TO: <http://weblink.donorperfect.com/honorsclubs>

STEP 2: RESPOND BY THE DEADLINE to an email from the Psi Beta national headquarters

You will not receive your membership certificate and pin until you complete your membership info by the deadline indicated in the email from Psi Beta national headquarters.

Psi Beta Privacy Policy

Any Personally Identifiable Information provided by you will be used in the following manner:

1. Your Name and Chapter will be listed in the New Member section of both the online (Internet) and printed newsletter
2. Your Name and Address will be supplied to a third party for the purpose of mailing newsletters. This company is prohibited from disseminating this information
3. All of your information will be supplied to SyCom Services Corporation (a third party) who manages our distribution center and prints certificates and membership cards. SyCom will not distribute ANY information that violates this policy
4. Your racial, ethnic, and demographic information (if you elect to supply the information) will be used for two purposes ONLY: (1) to determine the characteristics and trends of the member population and (2) to provide members with information about additional educational and professional development opportunities

OFFICE USE ONLY			Amount due:	
Approved:	Initials:	Date:	Date of receipt:	
			Type/Number of receipt:	
			Bill Program:	
			Financial Records: Initials:	Date: