**N**u Rho Psi **THE NATIONAL HONOR SOCIETY IN NEUROSCIENCE**

National Office: Washington College, 300 Washington Avenue, Chestertown, MD 216208 Tel: 443.480.5217

New Members Report Form

 For National Office records

Chapter (name of school) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street or P.O. Box

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip

Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Advisor? \_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of new Nu Rho Psi inductees: \_\_\_\_ Undergraduates (@ $40.00 each) Total: $ \_\_\_\_\_\_\_\_

 \_\_\_\_ Graduate students (@ $40.00 each) Total: $ \_\_\_\_\_\_\_\_

 \_\_\_\_ Faculty (@ $50.00 each) Total: $ \_\_\_\_\_\_\_\_

Allow a minimum of 15 business days for all orders unless RUSH charges are included.

For RUSH shipping (FedEx Overnight) allow 7 days. Fee for RUSH orders is **$30.00** RUSH: $ \_\_\_\_\_\_\_\_

**TOTAL:** Enclose one chapter/college check or money order made payable to **Nu Rho Psi:** $ \_\_\_\_\_\_\_\_\_ \*

 **Individual students’ checks will not be accepted. Or pay online:** [**https://nurhopsi.org/store/**](https://nurhopsi.org/store/)

NOTE: Certificates and lapel pins will be mailed to the faculty advisor at the chapter address. (Please notify the National Nu Rho Psi Office if there has been a chapter address change). Please allow 15 business days for delivery unless RUSH charges are included.

Signature of Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*EMAIL AN Excel® SPREADSHEET LISTING NEW MEMBER NAMES AND INFORMATION,**

using the format shown at the bottom of this form, to nurhopsi@washcoll.edu ***Please check the list for***

***accuracy.***  If your University does not allow students to keep their email account after graduation, please provide another. If names are submitted incorrectly spelled, the chapter (not the individual member) will be

responsible for ordering and paying for replacement certificates. (Replacement certificates are $10.)

 **Please email a copy of the list with this form. Do not send individual student forms or checks.**

 **Copy of New Member List attached:** ⁪ Yes ⁪ No

**Please use the sample layout shown below as a guide for your Excel® list of new Nu Rho Psi inductees. A template for the spreadsheet may be found here:** [**https://nurhopsi.org/membership-information/**](https://nurhopsi.org/membership-information/)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | **First****Name** | **Middle Name/****Initial** | **Status****(Student/****Alumni/****Faculty)** | **School Name** | **Mailing Address** | **Permanent** **E-mail****Address** | **Induction Fee Paid****( $ )** |  **Date of** **Induction** | **Charter****Mbr.****(Y / N )** | **Gender** | **Race/****Ethnicity** | **Web Directory\*** |
| Neuron | Nate | N. | Student | Axon College | 1 Cajal Lane;  Sperry, OH  44017 | nneuron@ac.edu | 40.00 | 28 Mar 14 | Y | M | AA |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

\*Place an X if member does NOT wish their email or other contact information included in the on-line Nu Rho Psi member Directory.