

**Fall 2019 Membership Application**

Please include a **small picture** of yourself, an updated **resume,** and an **unofficial transcript** (CalCentral screenshot acceptable). Late applications will **NOT** be accepted.   
Please submit a hard copy of your completed application, as well as an electronic copy to [berkeleyphichi@gmail.com](mailto:berkeleyphichi@gmail.com) by Friday, September 13th, 2019.

**Section 1: Personal Information**

First Name: Last Name:

SID: Birth Date: Gender:

Current Address:

City: State: Zip Code:

Email: Phone:

**Section 2: School & Extracurricular Information**

Major: Expected Graduation Term:

Current Class Year: Overall GPA: (Note: over 3.0 Required)

Current Semester/Year: Fall 2019 Units This Semester:

Extracurricular activities (clubs, work, etc.) and Involvement/Position/Estimated time per week:

**Section 3: Personal Statement (Max: 500 words each)**

1. What are your goals and how do you think Phi Chi will help you achieve them?
2. What other commitments do you have this semester, and how will you balance time spent?

1. Why do you want to join Phi Chi, and not another pre-medical fraternity?

I certify that the above information is correct to the best of my knowledge.

Name: Date:

Signature: Date:

**Also, please fill out your schedule below.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 8-9A |  |  |  |  |  |  |  |
| 9-10A |  |  |  |  |  |  |  |
| 10-11A |  |  |  |  |  |  |  |
| 11-12P |  |  |  |  |  |  |  |
| 12-1P |  |  |  |  |  |  |  |
| 1-2P |  |  |  |  |  |  |  |
| 2-3P |  |  |  |  |  |  |  |
| 3-4P |  |  |  |  |  |  |  |
| 4-5P |  |  |  |  |  |  |  |
| 5-6P |  |  |  |  |  |  |  |
| 6-7P |  |  |  |  |  |  |  |
| 7-8P |  |  |  |  |  |  |  |
| 8-9P |  |  |  |  |  |  |  |
| 9-10P |  |  |  |  |  |  |  |