

MEMBERSHIP APPLICATION

Please fill this out and send it immediately!

Fax # 512-476-7297

Send to: Texas Psychological Association
1005 Congress Ave., Ste 410 Austin, TX 78701

First Name: _____ Last Name: _____ Degree: _____

TPA Membership (Select one)

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> Member (<i>PhD earned more than two years ago</i>) | \$275.00 | <input type="checkbox"/> Associate (<i>Earned Master's more than two years ago</i>) | \$125.00 |
| <input type="checkbox"/> New Member (<i>no previous TPA membership; must have PhD</i>) | \$137.50 | <input type="checkbox"/> Associate Out-of-State (<i>Master's; resides outside of Texas</i>) | \$ 62.50 |
| <input type="checkbox"/> Member Out-of-State (<i>PhD, resides outside of Texas</i>) | \$137.50 | <input type="checkbox"/> Recent Graduate Associate (<i>Master's within past two years</i>) | \$ 62.50 |
| <input type="checkbox"/> Recent Graduate Member (<i>PhD within past two years</i>) | \$137.50 | <input type="checkbox"/> Student (<i>Must provide signature below</i>) | \$ 30.00 |

Texas Psychological Foundation - Tax Deductible (Optional)

- | | |
|--|-----------|
| <input type="checkbox"/> Centennial Member | \$1000.00 |
| <input type="checkbox"/> Member | \$ 500.00 |
| <input type="checkbox"/> Contributor | \$100.00 |
| <input type="checkbox"/> Contributor | \$ 50.00 |

Texas Psychological Association Political Action Committee (Optional)

- | | |
|--|-----------|
| <input type="checkbox"/> Platinum Member | \$1000.00 |
| <input type="checkbox"/> Gold Member | \$500.00 |
| <input type="checkbox"/> Silver Member | \$250.00 |
| <input type="checkbox"/> Member | \$100.00 |
| <input type="checkbox"/> Other | \$ _____ |

Total \$ _____ Method of Payment: Check M/C Visa

Credit Card # _____ Security Code _____ Expires _____

Signature _____

Answers to the following questions are required for membership. Please attach a detailed explanation for any affirmative answers.

1. Has your license/certification been suspended, revoked, or limited in the last 12 months by a state licensing board? Yes No
2. Have you been convicted of a felony during the past year? Yes No
3. Have you been found guilty of unethical or unprofessional conduct by a local, state or national ethics committee, professional organization or licensing board during the past year? Yes No
4. Have you been found guilty of malpractice during the past year? Yes No

Home Address, City, State, Zip _____ Phone# _____

Business Address, City, State, Zip _____ Phone# _____

Fax _____ Email Address _____

Divisions/Special Interest Groups (Check all that apply) NO ADDITIONAL CHARGE

- | | | |
|---|--|--|
| <input type="checkbox"/> Psychopharmacology Division | <input type="checkbox"/> Psychology of Diversity SIG | <input type="checkbox"/> Psychologists in Schools SIG |
| <input type="checkbox"/> Psychology of Women Division | <input type="checkbox"/> Gay-Lesbian-Bisexual-Transgender Issues SIG | <input type="checkbox"/> Mental Retardation/Developmental Disabilities SIG |
| <input type="checkbox"/> Forensic Practice Division | <input type="checkbox"/> Child/Adolescent Issues SIG | <input type="checkbox"/> Binational SIG |
| <input type="checkbox"/> Aging Division | | |

Ethnicity

- American Indian or Alaskan Native
- Asian-American or Pacific Islander
- Black/African American
- Chicano/Mexican American
- Puerto Rican
- Other Hispanic/Latino
- White/Caucasian
- Other (Specify)

Primary Employment Setting

- Public School (K-12)
- Private School (K-12)
- Medical/Surgical Hospital
- Psychiatric Hospital
- Private Practice
- State-Funded Institution
- Federally-Funded Institution
- College/University
- Other

Primary Position

- School Psychologist – LSSP (Doctoral)
- Associate School Psychologist – LSSP (masters)
- Psychological Associate
- Clinical Psychologist
- College/University Trainer
- Consultant
- Counseling Psychologist
- Sports Psychologist
- Other

Primary Areas of Interest

- Private Practice
- School
- Industrial/Organizational
- Academia/Research
- Public Service
- Families
- Prevention
- Neuropsychology
- Geriatrics
- Other

Gender

- Male Female

If you are a student applicant, you must provide evidence that you continue to be enrolled in a graduate or undergraduate program in Psychology by having a faculty member sign below. Alternatively, you may submit a copy of your most recent paid tuition receipt:

Faculty Signature _____ Date _____

University _____