

## MPA MEMBERSHIP APPLICATION

### APPLICATION FOR: [check as many as apply]:

- New Membership       Promotion       Reinstatement  
 Out of State       Academic

### PART 1: CATEGORIES OF MEMBERSHIP [please select one]

- Student:** Requires full or part time enrollment in a doctoral program in psychology from a recognized university or college. Student Affiliates may not vote or hold office in the Association. Student applicants only need to complete parts 2,6, and 7. **A transcript must accompany application.**  
 Expected date of graduation: \_\_\_\_\_
- Member:** Requires a doctorate in psychology or Massachusetts license. If you do not have a license, provide a graduate school transcript.
- Fellow (New Member):** Requires a doctorate or equivalent degree in psychology plus four years of progressively responsible post-doctoral experience. Please enclose your C.V. and two endorsements.
- Promote to Member**       **Promote to Fellow:**  
 Please enclose your C.V. and two endorsements.

### PART 2: GENERAL INFORMATION

FIRST NAME		LAST NAME	
STREET ADDRESS		APARTMENT NUMBER	
CITY	STATE	ZIP	
BUSINESS PHONE		HOME PHONE	
FAX		E-MAIL	

- Have you ever belonged to or applied for membership in MPA before? \_\_\_\_\_
- Are you licensed in MA?  yes       no  
 License no: \_\_\_\_\_ License DATE: \_\_\_\_\_
- Are you licensed in another state?  yes       no  
 State & License no: \_\_\_\_\_

## PART 3: EDUCATION

HIGHEST DEGREE	GRANTING INSTITUTION
LOCATION	YEAR

### PART 4: EMPLOYMENT

PRESENT EMPLOYMENT

LOCATION	TITLE
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DESCRIBE PRIMARY NATURE OF WORK

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you in independent practice?  yes       no

If not licensed, name and license no. of supervisor:

NAME	LICENSE NO.
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How many years, **exclusive of training positions**, have you been employed in the field of psychology? \_\_\_\_\_

Are you a member of the American Psychological Association?  yes       no  
 Fellow       Member       Associate       Student Affiliate Year Joined: \_\_\_\_\_

Other professional association memberships: \_\_\_\_\_

\_\_\_\_\_

### PART 5: ENDORSERS

Endorsements by two Fellows of MPA are required if:

- You are not a member of APA, or
- You are applying for Fellow status

NOTE: If you need assistance locating a MPA Fellow, please contact us & we would be happy to help you.

NAME	ADDRESS
NAME	ADDRESS

## PART 6: PROFESSIONAL ETHICS DECLARATION

**NOTE:** ALL applicants **MUST** fill out the Ethics Declaration

1. Have you had any action taken against you by a professional organization or a state licensing agency?  yes  no
2. To your knowledge are you presently under investigation by any of the above agencies or organizations?  yes  no
3. Have you ever been found guilty of a criminal charge (excluding traffic offenses) or liable in a civil action brought against you by any court?  yes  no

If you answered yes to any of the above items, please list on a separate sheet of paper each instance, describing briefly the events leading up to the case, the outcome and its relevance to the practice of psychology. This information will be kept in a confidential file.

I agree to subscribe to the purposes of the Association and to maintain the ethical standards of professional conduct as set forth by the Association in its Code of Ethics (the APA Code).

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## PART 7: METHOD OF PAYMENT

**NOTE: Dues payments must accompany your application.**  
Applications will not be processed until payment is received.

**AMOUNT ENCLOSED:** \_\_\_\_\_  
 check or money order  Visa  Mastercard

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
SIGNATURE

Return completed application & all necessary supporting materials with the appropriate dues payment to:  
Massachusetts Psychological Association, 195 Worcester St., Suite 303, Wellesley, MA 02481 or Fax: 781-263-0086



Massachusetts Psychological Association

195 Worcester St., Suite 303

Wellesley, MA 02481

Phone: 781-263-0080 Fax: 781-263-0086

E-mail: [mapsych@masspsych.org](mailto:mapsych@masspsych.org)

Free Legal Consultation • Health Insurance

Ethics Hotline • Opportunities to Join Active Committees

Professional Networking • Advocacy • The Quarterly

# Membership Application

Professional Legislative Lobbying • Continuing Education

ListServ • Practice Assistance • Rosenblum Fellowship

Disaster Response Network • Dental & Disability Insurance

• Managed Care Information Exchange •