

### Step 1 – Contact Information (Required)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Preferred Mailing Address:  Business  Home

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ TSBEP license number: \_\_\_\_\_

### Step 2 – Select your membership category (Required)

- \$50.00 /mo **Platinum Advocate:** Must be eligible as doctoral member per requirements listed below. Platinum membership affords added benefits and resources including: *Discounted (50%) convention registration fee, free 3 hours of online PD, free doctor finder subscription, free PD at TPA Family Get-A-Way, special badging at convention, reserved seating and special recognition at convention awards luncheon, recognition in TPA publication and website, and free, unlimited phone consultation with TPA attorney.*
- \$600.00 /yr
- \$28.33 /mo **Member:** Requires a doctoral degree in psychology earned more than 7 years ago which was conferred by an accredited graduate school, or doctoral level licensure by Texas State Board of Examiners of Psychologists (TSBEP) *\*If you are new to this category and are not licensed by TSBEP, you must provide a transcript of your college graduate work.*
- \$340.00 /yr
- \$14.17 /mo **Recent Graduate Member:** Requires a doctoral degree in psychology earned within past 7 years which was conferred by an accredited graduate school, or doctoral level licensure by (TSBEP) *\*If you are new to this category and are not licensed by TSBEP, you must provide a transcript of your college graduate work.*
- \$170.00 /yr
- \$14.17 /mo **Semi-Retired or Disabled Member:** Requires member to be at least 66 years old and/or disabled, working < 20 hours/ week.
- \$170.00 /yr
- \$14.17 /mo **Non-resident member:** Requires residency outside Texas and a doctoral degree in psychology which was conferred by an accredited graduate school, or doctoral level licensure by (TSBEP)
- \$170.00 /yr
- \$25.00 /yr **Life:** Requires member to be 65 years or older and fully retired and have been a member of TPA for 10 or more continuous years
- \$12.08 /mo **Associate:** Requires a master's degree in psychology earned more than 7 years ago which was conferred by an accredited graduate school, or master's level licensure by (TSBEP) *\*If you are new to this category and are not licensed by TSBEP, you must provide a transcript of your college graduate work.*
- \$145.00 /yr
- \$6.04 /mo **Recent Graduate Associate:** Requires master's degree in psychology earned within the past 7 years which was conferred by an accredited graduate school, or master's level licensure by (TSBEP) *\*If you are new to this category and are not licensed by TSBEP, you must provide a transcript of your college graduate work.*
- \$72.50 /yr
- \$30.00 /yr **Student:** Requires current enrollment in a graduate or undergraduate program, in an accredited college or university, leading to a degree in psychology. (\$30.00). Proof of current enrollment required (letter from faculty advisor or copy of current semester paid tuition receipt). Renewal/application is not complete without proof of current enrollment.
- Complimentary **Pre-Doctoral Intern:** Requires written proof from supervisor/employer before membership will be activated. A brief letter/note your supervisor/employer indicating your status is required to be eligible for this category. This membership category is complimentary while you are considered a Pre-Doctoral Intern or employed as a Post-Doctoral Fellow and prior to licensure as a psychologist. Upon licensure, regular member rates will apply.
- Complimentary **Post-Doctoral Fellow:** Requires written proof from supervisor/employer before membership will be activated.

*\*If you are renewing and experiencing extreme financial and/or medical difficulties and would like to apply for Special Consideration Dues status, please attach a detailed letter and \$25.00 payment to this form. This status is not available to members who are applying rather than joining.*

### Step 3 – Select optional contributions

**TPA-PAC** All who contribute >=100 are eligible to vote in TPA-PAC elections)

- \$1,000 Platinum Member  \$500 Gold Member  \$250 Silver Member  \$100 Voting Member  \$\_\_\_\_\_ Other

**Texas Psychological Foundation** All contributions are tax deductible

- \$1,000 Centennial Member  \$500 Member  \$250 Donor  \$100 Friend  \$\_\_\_\_\_ Other

**Sunset Fund/Legislative Champion** These funds are earmarked solely for advocating the doctoral degree as the entry level into the profession of psychology and to prepare for our next sunset legislation.  \$100 Legislative Champion

**Doctoral Defense Fund** These funds are earmarked solely for defending the doctoral degree as the entry level into the profession of psychology from current and future litigation  \_\_\_\_\_ at your discretion

### Step 4 – Select optional Division and Special Interest Group memberships- Must be completed annually for inclusion

#### Divisions

- Aging
- Social Justice Issues
- Military
- Neuropsychology
- Forensic Practice (\$10 dues required)
- Psychologists in Schools (\$10 dues required)
- Psychology of Women (\$10 dues required)
- Psychopharmacology (\$10 dues required)
- Psychology of Diversity (\$10 dues required)

#### Special Interest Groups

- Bi-national Issues (US/Mexico)
- Child/Adolescent Issues
- Disaster Response Network
- Early Career Psychologists (<7 yrs in practice)
- Lesbian-Gay-Bisexual- Transgender Issues
- Intellectual and Developmental Disabilities

#### Disaster Response (check all that apply)

- Mental health volunteer with Red Cross
- You may contact me to provide mental health services following a disaster
- I am trained by Red Cross
- I am trained by Armed Forces
- I am trained by CISM
- I am trained by NOVA

### Step 5 - Texas Psychological Association Doctor Locator Service

This section is to be completed only by TSBEPLicensed Psychologists who wish to participate in TPA's Doctor Locator Service. Fee: \$25.00

Choose your TOP SIX Specialties general areas to best reflect your professional services (if more than six are chosen, only the first six will be listed in your profile)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Academic/Research Settings | <input type="checkbox"/> Deaf/Hearing Impaired          | <input type="checkbox"/> Medical/Health Psychology       | <input type="checkbox"/> Schizophrenia          |
| <input type="checkbox"/> ADD/ADHD                   | <input type="checkbox"/> Dementia/Memory                | <input type="checkbox"/> Men's Issues                    | <input type="checkbox"/> Serious Mental Illness |
| <input type="checkbox"/> Aging/Gerontology          | <input type="checkbox"/> Depression/Mood                | <input type="checkbox"/> Mid-Life Transitions            | <input type="checkbox"/> Sexual Problems        |
| <input type="checkbox"/> AIDS                       | <input type="checkbox"/> Developmental/ID               | <input type="checkbox"/> Multicultural Issues            | <input type="checkbox"/> Sleep Disorders        |
| <input type="checkbox"/> Addictions/Substance Abuse | <input type="checkbox"/> Disability Determination       | <input type="checkbox"/> Neuropsychology                 | <input type="checkbox"/> Smoking Cessation      |
| <input type="checkbox"/> Anxiety/Panic/Phobia       | <input type="checkbox"/> Dissociative Identity Disorder | <input type="checkbox"/> Obsessive-Compulsive Dis.       | <input type="checkbox"/> Spiritual Issues       |
| <input type="checkbox"/> Anger Man./Impulse Control | <input type="checkbox"/> Divorce/Relationships          | <input type="checkbox"/> Organizational Development      | <input type="checkbox"/> Sports Psychology      |
| <input type="checkbox"/> Assault/Rape               | <input type="checkbox"/> Domestic Violence              | <input type="checkbox"/> Pain Management                 | <input type="checkbox"/> Stress Management      |
| <input type="checkbox"/> Autism/Asperger's          | <input type="checkbox"/> Eating Disorders               | <input type="checkbox"/> Panic Attacks                   | <input type="checkbox"/> Suicide                |
| <input type="checkbox"/> Body Dysmorphic Disorder   | <input type="checkbox"/> Elder Care                     | <input type="checkbox"/> Parenting/Family                | <input type="checkbox"/> Teaching               |
| <input type="checkbox"/> Bipolar/Mania              | <input type="checkbox"/> Forensic Psychology            | <input type="checkbox"/> Personality Disorder/Borderline | <input type="checkbox"/> Trichotillomania       |
| <input type="checkbox"/> Brain Injury               | <input type="checkbox"/> Gambling                       | <input type="checkbox"/> PTSD/Trauma/Abuse               | <input type="checkbox"/> Weight Control         |
| <input type="checkbox"/> Career/Vocational          | <input type="checkbox"/> GLBT Issues                    | <input type="checkbox"/> Physical Disability             | <input type="checkbox"/> Women's Issues         |
| <input type="checkbox"/> Child/Adolescent Behavior  | <input type="checkbox"/> Grief and Loss                 | <input type="checkbox"/> Phobias                         | Other _____                                     |
| <input type="checkbox"/> Child Custody Evaluation   | <input type="checkbox"/> Hoarding                       | <input type="checkbox"/> Postpartum Issues               | Other _____                                     |
| <input type="checkbox"/> Chronic Illness            | <input type="checkbox"/> Immigration Issues             | <input type="checkbox"/> Psych Assessments               |   |
| <input type="checkbox"/> Consultation/I-O           | <input type="checkbox"/> Learning Disabilities          | <input type="checkbox"/> Rehabilitation                  |   |
| <input type="checkbox"/> Couples Counseling         | <input type="checkbox"/> Life/Executive Coaching        | <input type="checkbox"/> Relationship                    |   |
| <input type="checkbox"/> Crisis Intervention        | <input type="checkbox"/> Loneliness                     | <input type="checkbox"/> School Problems                 |   |

**Languages (Proficient in) (Choose all that apply):**

- |   |                                    |                                     |                                     |
|---|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> American Indian        | <input type="checkbox"/> German    | <input type="checkbox"/> Korean     | <input type="checkbox"/> Somali     |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hebrew    | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Hindi     | <input type="checkbox"/> Polish     | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yiddish    |
| <input type="checkbox"/> English                | <input type="checkbox"/> Italian   | <input type="checkbox"/> Russian    | Other _____                         |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Japanese  | <input type="checkbox"/> Samoan     |                                     |

**Insurance Accepted: (Choose all that apply):**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Aetna                  | <input type="checkbox"/> GEHA                   | <input type="checkbox"/> MultiPlan                  | <input type="checkbox"/> Unicare                  |
| <input type="checkbox"/> AHP                    | <input type="checkbox"/> Great West             | <input type="checkbox"/> One Health                 | <input type="checkbox"/> United Behavioral Health |
| <input type="checkbox"/> Beech Street           | <input type="checkbox"/> Health Smart           | <input type="checkbox"/> PacifiCare                 | <input type="checkbox"/> United Healthcare        |
| <input type="checkbox"/> BeneSys                | <input type="checkbox"/> Humana                 | <input type="checkbox"/> PPO Next                   | <input type="checkbox"/> USA Managed Care         |
| <input type="checkbox"/> Blue Cross Blue Shield | <input type="checkbox"/> Interplan              | <input type="checkbox"/> Preferred Health Network   | <input type="checkbox"/> Value Options            |
| <input type="checkbox"/> CAPP                   | <input type="checkbox"/> Magellan               | <input type="checkbox"/> Private Healthcare Systems | Other _____                                       |
| <input type="checkbox"/> Cigna                  | <input type="checkbox"/> Managed Health Network | <input type="checkbox"/> Secure Horizons            |   |
| <input type="checkbox"/> ComPsych               | <input type="checkbox"/> Medicaid               | <input type="checkbox"/> Seton                      |   |
| <input type="checkbox"/> Corp Health            | <input type="checkbox"/> Medicare -Adults       | <input type="checkbox"/> Texas True Choice          |   |
| <input type="checkbox"/> Coventry               | <input type="checkbox"/> Medicare – Children    | <input type="checkbox"/> TriCare                    |   |

**Client Ages Served:** (Choose all that apply)

- Infants  Children  Adolescents  Adults  Senior Adults      Do you accept sliding scale?    Y    N

**Evaluations Offered:**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Educational/ADHD/Learning Disabilities | <input type="checkbox"/> Forensic/Legal | <input type="checkbox"/> Transplant/Gastric Bypass | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Neuropsychological                     | <input type="checkbox"/> Psychological  | <input type="checkbox"/> Immigration Issues        | <input type="checkbox"/> Custody               |

**Step 6 – Calculate your dues and choose payment method (Required)**

<b>REQUIRED:</b>	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Check
TPA Annual Dues (Required) _____	<input type="checkbox"/> <b>AUTOMATIC ANNUAL DRAFT:</b> I authorize TPA to automatically draft my credit card or bank account listed below for 2017 dues and annually thereafter for the same member level and categories charged for 2017. I wish to continue said draft for the duration of my membership until I notify TPA in writing that I wish to discontinue said drafts. Signature _____				
<b>OPTIONAL:</b>	<input type="checkbox"/> <b>AUTOMATIC MONTHLY DRAFT:</b> I wish to have you automatically draft my credit card or bank account listed below monthly in prorated amounts for the duration of my membership until I notify TPA in writing that I wish to discontinue said drafts. I agree that I am responsible for a minimum of one full year of dues. Signature _____				
TPA Political Action Committee _____	<input type="checkbox"/> <b>PAYMENT IN FULL:</b> I am paying in full for 2017 via check enclosed or credit card listed below. Signature _____				
Texas Psychological Foundation _____	<b>Credit Card #</b> _____				
Sunset Fund/Legislative Champion _____	<b>Expires</b> _____ <b>CC Security Code</b> _____				
Doctoral Defense Fund _____	<b>OR</b>				
Division Dues _____	<b>Bank Routing Number</b> _____				
Doctor Locator _____	<b>Bank Account Number</b> _____				
<b>TOTAL</b> _____					
<b>Mail to:</b> Texas Psychological Association 1464 E. Whitestone Blvd, Ste. 401 Cedar Park, TX 78613					
<b>Fax to:</b> (888) 511-1305					

PLEASE NOTE: Dues to TPA are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion of dues and sustaining membership contributions, however, are not deductible as an ordinary and necessary business expense to the extent that TPA engages in lobbying. The deductible portion is 74%.