



Wisconsin Psychological Association

MEMBERSHIP DUES STATEMENT

Wisconsin Psychological Association

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2018

MEMBERSHIP CATEGORIES: Check category for which you are renewing:

	By January 31	After January 31
<input type="checkbox"/> Member	\$350	\$375
<input type="checkbox"/> Life Member-Active	\$135	\$160
<input type="checkbox"/> Life Member-Retired	\$50	\$50
<input type="checkbox"/> Student Affiliate	\$20	\$20
<input type="checkbox"/> Affiliated Professional	\$100	\$100
<input type="checkbox"/> Out of State Affiliate	\$200	\$225

PAYMENT

Dues Payment
\$ _____
Interest Section
\$ _____
\$ _____
\$ _____
Contributions
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Total Payment
\$ _____

INTEREST SECTIONS:

All WPA members are eligible. Students are FREE!

- Industrial & Organizational Psychology \$10
 Forensic & Correctional Psychology \$10
 Psychopharmacology & Prescriptive Authority \$25

CONTRIBUTIONS:

SUSTAINING MEMBER or BENEFACTOR:

Show your support for WPA advocacy, public education and other activities by contributing above and beyond your membership dues and becoming a Sustaining Member or Benefactor.

- SUSTAINING MEMBER Single Donation \$120-\$499
 BENEFACTOR Single Donation \geq \$500
 Or show your support with a GENERAL Contribution. All donations welcome! Amount: \$ _____
 STUDENT AFFILIATE SPONSORSHIP donation: \$20 per student sponsored \$ _____
 OR make a fully tax-deductible contribution to the WISCONSIN PSYCHOLOGY FOUNDATION to support student research awards & scholarships as well as both public & professional education. \$ _____

Dues payments to the Wisconsin Psychological Association are not charitable, but may be deductible as ordinary business expenses. Contributions to the Wisconsin Psychology Foundation are fully deductible as charitable contributions.

GENERAL INFORMATION:

Name: _____
Last Middle First
Highest Degree _____ Licensed Y or N. If Yes: # & State _____
Address: _____
Phone: _____ Cell Phone: _____
Email: _____
If Student: List College or University currently attending: _____

PAYMENT INFORMATION:

Enclosed is a check payable to WPA Please charge my Visa/Mastercard TOTAL: \$ _____
Card No: _____ CVV: _____ Exp. Date: _____
Name on Card: (exactly as appears) _____
Address: (if billing address different than above) _____
City: _____ State: _____ Zip: _____

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