



# 2017 NYSPA MEMBERSHIP APPLICATION

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Name \_\_\_\_\_ Degree \_\_\_\_\_  
 Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Which address would you like listed in our online membership directory?  Office  Home  None  
 Phones: Office \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 NYS License # \_\_\_\_\_ APA # \_\_\_\_\_  
 Year of Degree \_\_\_\_\_ Degree Institution \_\_\_\_\_  
 How did you hear about NYSPA? \_\_\_\_\_

## MEMBERSHIP CATEGORIES\*

*Full Members* must possess a doctoral degree in psychology or be licensed as a psychologist in New York State. Special rates are available for Early Career Psychologists who are within five years of receiving their doctoral degree (see below).

*Associate Members* must have completed at least two years of full-time graduate study in psychology or possess a Master's Degree in psychology from a graduate school of recognized standing.

*Student Affiliates* must be matriculated and enrolled as a full-time student, either in a recognized graduate psychology program, post-doctoral re-specialization program, or in a college or university as undergraduate psychology majors.

- \$315 Member reinstatement (member within the past 5 years)
- \$150 First Time Member (\$315 thereafter)
- \$ 55 1<sup>st</sup> Year Post Doctoral (2017)
- \$ 90 2<sup>nd</sup> Year Post Doctoral (2016)
- \$ 90 3<sup>rd</sup> Year Post Doctoral (2015)
- \$165 4<sup>th</sup> Year Post Doctoral (2014)
- \$165 5<sup>th</sup> Year Post Doctoral (2013)
- \$ 40 First Year Associate Member (\$145 thereafter)
- \$ 35 Student Member

\* Please see reverse side for category-specific items.

Amount Due: \$ \_\_\_\_\_

Check Enclosed  Please charge my Credit Card:

Card Type:  American Express  MasterCard  Visa  Discover

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ CVV Code \_\_\_\_\_ (required)

**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 \_\_\_\_\_

Memberships are effective upon acceptance (usually within two weeks of application) through December 31, 2017. Please contact Dee Fisher-Golden at (518) 437-1040 or dfisher@nyspamail.org if you have any questions. Revised 10/16

**FULL MEMBERS, EARLY CAREER PSYCHOLOGISTS AND ASSOCIATE MEMBERS**

**PROFESSIONAL ETHICS DECLARATION  
(MUST BE COMPLETED FOR APPROVAL)**

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 been found guilty of a criminal charge\* 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. The information will be kept confidential.

\*Excluding traffic offense

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**ASSOCIATE MEMBERS ONLY**

**ASSOCIATE MEMBERS MUST MEET ONE OF THE FOLLOWING REQUIREMENTS:**

- Certified as a school psychologist in New York State. Please enclose a copy of your current registration certificate.
- Earned a Master's Degree in psychology or have completed at least two years of graduate study in Psychology. Please enclose a transcript of graduate study.

Highest Degree \_\_\_\_\_ Date \_\_\_\_\_ Institution \_\_\_\_\_  
Present Employment \_\_\_\_\_ Title \_\_\_\_\_ City/State \_\_\_\_\_  
Primary nature of work \_\_\_\_\_  
Are you in private/independent practice?  Yes  No • If yes, title you use \_\_\_\_\_

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**STUDENT AFFILIATES**

Institution \_\_\_\_\_ City/State \_\_\_\_\_  
Current Degree \_\_\_\_\_ Degree Goal \_\_\_\_\_ Est. Date of Completion \_\_\_\_\_  
Major Program \_\_\_\_\_

**CERTIFICATION OF STUDENT STATUS  
(MUST BE COMPLETED FOR APPROVAL)**

To be completed by a faculty member of the psychology department or graduate program in which you are currently enrolled.

I, \_\_\_\_\_  
Please print faculty member name Please print title

certify that this applicant is a full-time student at \_\_\_\_\_ enrolled in  
Print institution name

\_\_\_\_\_  
Print degree program and major

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_