

Application for Membership
Tennessee Psychological Association

Name _____ Degree _____

Business Affiliation _____

Home _____

Street Address City State Zip

Business _____

Street Address City State Zip

Phones: Office _____ Fax _____ Home _____

E-Mail Address _____

Highest Degree Earned _____ Year _____ University _____

If Licensed in TN: P# _____ PE# _____ Do you have Hospital Privileges? _____

If so, where? _____

Legislative Districts: State Senator _____ State Representative _____

Membership Categories and Dues

Select one of the following (refer to membership categories on reverse)

__ \$265.00 Sustaining Membership

__ \$195.00 Full Membership

__ \$100.00 First Full Time Membership

__ \$100.00 Associate Membership

__ \$30.00 Student Membership (The following must be completed by an authorized

representative of the applicant's training program: " I verify that this applicants meets the qualifications for student membership as described on reverse.")

Signature

Training Program

Payment By: _____ Enclosed Check _____ Visa _____ MasterCard

Card Number _____

Expiration Date _____ Credit Card Signature _____

TPA dues payments may be deductible for tax purposes as a business expense. They are not deductible as a charitable contribution.

Professional Ethics Declaration and Signature

A. I am aware that TPA is committed to maintaining the highest level of professional ethical conduct among its membership. In the event that a member of the public, another professional, or ethics committee itself should ever have reason to believe that I may have practiced in an unethical or unprofessional manner. I hereby request the TPA ethics committee contact me to discuss those concerns in the context of confidential education and consultation. I understand the ethics committee does not investigate, determine guilt or innocence, or remediate in circumstances involving allegations or admission of unethical conduct.

Signature _____ Date _____

B. My signature below indicates that I have been or am currently the subject of a charge or investigation for violation of law or ethical principals in psychology or another profession. Details accompany this application on a separate sheet. I agree to furnish TPA information regarding any prior of or current ethical charges, and results of and status of any investigations by, or involvement in, the Ethics Committees. I hereby grant TPA and its representatives permission to obtain information regarding any prior ethical charges and/or any results of investigations pertaining to me.

Signature _____ Date _____

Please return completed application and dues payment to: Tennessee Psychological Association
P.O. Box 281296, Memphis, TN 38168

If you have any questions, please call the TPA office: (901) 372-1015 or E-Mail TPAMEMBER@juno.com

Categories of Membership

Tennessee Psychological Association

Sustaining Member. Sustaining Members are individuals who meet the requirements for full membership and agree to provide additional financial support of the association to further psychology in the state of Tennessee. Full Members in good standing may become Sustaining Members at any time upon a payment of the required dues. Sustaining Members receive special recognition in the Tennessee Psychological Association.

Full Member. The minimum standard for election to Full Member status shall be possession of a current license to practice psychology in Tennessee or receipt of the Doctoral Degree in Psychology or Educational Psychology from a recognized graduate school, plus a year of acceptable experience in professional work that is psychological in nature. Candidates for Full Member status shall be engaged in study or professional work that is primarily psychological in nature and must reside or practice in Tennessee. Full Members are entitled to vote, hold office, and chair committees.

First Time Full Membership. Individuals applying for first time Full Membership are eligible for a reduction in dues. Individuals potentially qualifying would include newly licensed psychologists or individuals moving to Tennessee from out of state. Please mark your application to indicate that you are a first time applicant.

Associate Member. Associate Members are individuals who do not meet the requirements to join as Full or Student Members but are involved in the study, teaching, or in some cases, the ethical practice of psychology. Such individuals include: (1) in-state and out-of-state part time students of psychology, (2) out-of-state psychology professionals, (3) certified psychological assistants; and (4) interested members of related professions who do not possess the qualifications for Full or Student Membership status. Associate Members have all the benefits of Full Membership but cannot vote or hold office. Persons eligible to join as Full Members may not join as Associates. Should an Associate Member's qualifications change, making the member eligible for Full membership, Associate Members must then apply at the Full Member level.

Student Member. Student Members shall be full-time undergraduate or graduate students of psychology, educational psychology, or psychology interns and must reside or attend school in Tennessee. It is required that as soon as Student Members are no longer full-time students that they make application for Full Membership. Student Members have all the benefits of Full Members but cannot vote or hold office. Student Members must provide documentation of their full-time student status with their yearly dues renewals.