

District of Columbia Psychological Association



2017 Membership Application/Renewal Form

I am a new member

I am renewing my membership

Last Name: _____ First Name: _____ MI: _____ Degree: _____

Home Address: Street Address: _____

City: _____ State: _____ Zip: _____

Work Address: Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email Address: _____

Licensed in what State (s):

- DC License # _____
 MD License # _____
 VA License # _____

Primary Professional Focus:

- Clinical / Counseling
 Academician
 I/O
 Government
 Other

Private Practice:

- Full Time
 Part-time
 Retired
 Do not have private practice

APA Category:

- Fellow
 Member
 Associate
 Student
 Non-Member

Ethnicity:

- African American
 Asian American
 Asian-Indian
 Caucasian
 Latino/Hispanic American
 Native American
 Pacific Islander
 Other

Optional Information:

- American Board of Professional Psychology Diplomate: YES NO
- Name of Specialty Board: _____
- Member of National Register of Health Service Providers: YES NO

Please sign the following statement or attach an explanation if you cannot.

I have never been convicted of or charged with a crime (felony) in any state or county, the disposition of which was other than an acquittal or dismissal. I have never been required by any licensing board or professional ethics body to surrender my license or been found guilty of professional misconduct, unprofessional conduct, incompetence, or negligence in any state or county. No charges are pending against me by any licensing board or professional ethics body for professional misconduct, unprofessional conduct, incompetence, or negligence in any state or county.

Signature

Date

2017 Membership Categories

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Regular Member (PhD's, PsyD's Academicians) | \$150 (before 12/31/2016)
\$200 (after 12/31/2016) |
| <input type="checkbox"/> Professional Affiliate Member (non PhD's or PsyD's)
e.g. MA degree in Psychology, Social Workers, LPC, Nurse Practitioners
out-of-state affiliates, other professionals with strong interest in psychology | \$75 (before 12/31/2016)
\$100 (after 12/31/2016) |
| <input type="checkbox"/> Retired Member and/or age 65 or above, regardless of employment status | \$15 |
| <input type="checkbox"/> Student Member- Part-time or Full-time | \$10 |
| <input type="checkbox"/> Donation- I would like to make a donation to DCPA | _____ Yes _____ Amount |

Payment Options

- Check made payable to DCPA

Mail check to:

DCPA
PO Box 1448
Cedar Park, TX 78630

I authorize DCPA to charge my credit card \$ _____ Visa MasterCard American Express

Name as it appears on card: _____

Card Number: _____ CVC Code: _____ Exp. Date: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

Send application to:

DCPA, PO Box 1448, Cedar Park, TX 78630

Fax: (800) 784-9034

Phone: (512) 788-0207, extension 0

Email: tpa_dwhite@att.net