



APPLICATION FOR MEMBERSHIP

- 1. (Dr., Mrs., Miss, Ms., Mr.) _____ Telephone _____
- 2. (Home Address) _____ Zip: _____
- 3. Cell #: _____ 4. E-mail address _____
- 5. (Business Address) _____ Zip: _____

[Note: CHECK ADDRESS TO WHICH WCPA MAIL SHOULD BE SENT]

- 6. Present Position: _____
- 7. Describe Duties: _____

8. Academic Training: (attach supplementary sheet if necessary. For non-doctorates specify total number of graduate credits in psychology.)

From:	To:	Institution		Degree &	Major
Month	Year	Month	Year	Date	Subject

- 9. Are you licensed in New York State under Article 153 of the NY State Education Law? Yes [] No []
If yes, please enclose a copy of your registration certificate.
- 10. Are you certified in New York State as a School Psychologist under Article 143 of the NY State Education Law? Yes [] No [] If yes, please enclose a copy of your certificate.
- 11. Are you engaged in private practice? Yes [] No []
- 12. Specify membership status in other Professional Societies/Associations: (i.e. full member, student, etc.)

NOTE: Only those licensed under Article 153 of the NY State Education Law may engage in independent practice as psychologists.

Please enclose a copy of material documenting membership status in APA if you do **not** meet the requirements of question 9 or 10

NOTE: APA MEMBERS and FELLOWS need **not** complete questions 13 and 14

13. Experience in psychology: (Attach supplementary sheet if necessary)

From:	To:	Institution	Name of	Title of Position		
Mo	Yr	Mo.	Yr.	& Location	Superior	Duties, Hours, etc.

14. Names and addresses of endorsers: (Must be Members of American Psychological Association or Westchester County Psychological Association. For Affiliate membership one endorser must be a member of psychology department faculty at college or university where registered.)

Please have endorsers sign in the spaces above, or have them send brief letters of endorsement to WCPA.

I have read, and I subscribe to, the codes of ethics of the American Psychological Association and the New York State Psychological Association.

Date: _____

Signature of Applicant

This application should be returned to:

Membership Chair
WCPA
PO Box 339-H
Scarsdale, NY 10583

