



Nevada
Psychological
Association

Membership Application/Renewal

Mailing Address: P.O. Box 400671

Las Vegas, NV 89140

Phone/Fax: 888-654-0050

You can also renew online at:

WWW.NVPSYCHOLOGY.ORG

Membership Year: June 1st, 2019–May 31st, 2020

Information about you: Please complete the box below. This information updates the NPA database. PLEASE print clearly. **IS YOUR INFORMATION THE SAME AS LAST YEAR/NO CHANGES?** *Check box, sign below, skip to Pg 2*

Name: _____ Degree _____ DOB _____ Sex: M F Other
(optional) (optional)

Home Address

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Fax _____

Toll Free Phone _____ Preferred E-Mail _____

Primary Employment

Secondary Employment

Title _____

Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Title _____

Employer _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

PREFERRED MAILING ADDRESS: Home Address Primary Employment Secondary Employment

I DO I DO NOT WISH TO BE LISTED IN THE NPA ON-LINE MEMBERSHIP DIRECTORY

Subscribe me/keep me subscribed to the NPA Member listserv an interactive email communication list used by members to discuss pertinent information with colleagues, i.e., referral sources, ethical questions, practice information etc.

My e-mail address is _____

NPA has a variety of committees serving our membership and carrying out our mission. Please indicate in which committee you would be interested in learning more:

Legislative Committee

Continuing Education Committee

Membership Committee

Public Education Campaign Committee

ECP Committee

Diversity Committee

I authorize NPA to send e-mails to me as necessary. _____ (initials)

Graduate College/University _____ Graduation Date _____ Degree _____

Licensed in NV- License# _____ Year Licensed: _____

Licensed in other State: _____ License# _____ Year Licensed: _____

APA member Yes No National Register Yes No ABPP Yes No Specialty ABPP Area

I agree to abide by the ethical principles set forth by the American Psychological Association and I certify that all statements made herein are true and accurate to the best of my knowledge and belief. I agree to the automatic membership dues renewal terms detailed on Page 2.

Signature of Applicant: _____ Date _____

****AUTOMATIC DUES RENEWAL NOTICE:** The initial term of this Agreement shall be one (1) year commencing as of the date hereof. Thereafter, the term of this Agreement shall automatically renew for successive one (1) year terms unless member provides written notice to NPA central office at least ninety (90) days in advance of the end of the membership year that it does not wish to renew the term of this Agreement.

Full Members: (✓ box below)

(Flat fee dues, check box below)

Full member, 5 years post licensing \$250.00

Please note that 30% of dues is designated for the lobbyist and is not tax deductible. \$15 of your dues payment will go to support your respective region (North or South) and its activities.

Early Career Psychologist: (choose 1 and ✓):

- 4 years post licensing \$225.00
- 3 years post licensing \$200.00
- 2 years post licensing \$175.00
- 1 year post licensing \$150.00
- Licensing year \$125.00
- Post-doc/unlicensed \$100.00

A. TOTAL: FULL MEMBER (left) or ECP (right) flat fee: \$ _____

B. Other Membership Categories: (for those that are neither a Full Members nor an ECP)

Associate/Affiliate Member/Out-of-State \$75.00

Those with a masters degree in psychology or equivalent, academic non-licensed psychologists, individuals, agencies or groups, with an interest in psychology as such, but not limited to: attorneys, MDs, certified paraprofessionals, or sponsoring agencies. This group excludes licensed psychologists as individuals or in a group practice.

Student Member \$50.00

Graduate or undergraduate students with an interest in psychology. Please include proof of student status with your application.

Retired Member \$65.00

Retired members shall have previously met all requirements of Full or Out of State Members; if no longer licensed or an APA member, have voluntarily relinquished licensure or membership while in good standing; have reached the age of 65; are no longer practicing as a psychologist and; have applied for status as Retired Member.

C. Additional Donation Opportunities: (optional but appreciated)

Lobbyist/Legislative Fund (supports our Legislative Committee) \$100.00 or _____ (other donation amount)

Political Action Committee \$100.00 or _____ (other donation amount)

Your contribution to PAC allows us to support Nevada State Legislators who share our passion and positions. This is NOT tax deductible.

NPA Century Fund (supports our central office) \$100.00 or _____ (other donation amount)

Student Fund (supports our student reps & their travel) \$100.00 or _____ (other donation amount)

D. Add A or B, and C to calculate payment total: \$ _____

E. Make Your Payment (choose 1 and ✓):

Check enclosed, made payable to NPA

Credit Card Payment: Visa MasterCard Discover American Express (circle one)

Card Number: _____ Exp Date: _____

Security Code: _____ (3 numbers on back of card or 4 on front of American Express)

Billing Address:

Home Office Other (indicate) _____

Name as it appears on card: _____

Your Signature: _____

You can also renew online at: www.NVPsychology.org

Or return by Fax to: (888) 654-0050 or return by Mail to: NPA, P.O. Box 400671, Las Vegas, NV 89140.

Any questions or concerns, contact Wendi O'Connor, Executive Director, at admin@nvpsychology.org or (888) 654-0050.