



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](http://WWW.NVPSYCHOLOGY.ORG)

**Membership Year: June 1<sup>st</sup>, 2020–May 31<sup>st</sup>, 2021**

**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 _____  | Title _____                      |
| Employer _____                                     | Employer _____                   |
| Address _____                                      | Address _____                    |
| City _____ State _____ Zip _____                   | City _____ State _____ Zip _____ |
| Phone _____ Fax _____                              | 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Legislative Committee | <input type="checkbox"/> Continuing Education Committee      |
| <input type="checkbox"/> Membership Committee  | <input type="checkbox"/> Public Education Campaign Committee |
| <input type="checkbox"/> ECP Committee         | <input type="checkbox"/> 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](http://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](mailto:admin@nvpsychology.org) or (888) 654-0050.