wyoming school psychology association

MEMBERSHIP APPLICATION/RENEWAL

Membership Year: July 1, 2009 through June 30, 2010

Name*: _____ Check one: ☐New Applicant ☐Renewal

E-mail address (*required for newsletter delivery*)*: _____

Street Address/Box Number*: _____

City*: _____ State*: _____ ZIP + 4*: _____

Home Phone: _____ Work Phone: _____

Job Title/Setting*: _____

Check here if you would like to receive a membership card ☐

Membership Category*:(Check only one)

☐ Regular Member: someone trained in school psychology, or certified by the National School Psychology Certification System (NSPCS), or credentialed by a state as a school psychologist, or holding an official assignment of 50 percent or more on a school psychology graduate program faculty.

☐ Retired Member: someone who held regular membership for at least five consecutive years who retires from full time remunerative professional activity but may be consulting or involved in other paid professional activity less than 15 hours a week.

☐ Associate Member: someone who does not meet the eligibility requirements of the other membership categories, but who has a strong affiliation to school psychology, supports the work of the profession, and wishes to convey his/her affiliation and commitment through membership in the Association; may include those functioning as a school psychologist without a school psychology credential, consultants, supervisors of psychological services, faculty at a school psychology graduate program, allied professionals, or undergraduate or graduate students.

Current Professional Certification*:

☐ School Psychologist ☐ Educational Diagnostician ☐ Psychological Technician

☐ Special Education Teacher ☐ Other:

All Applicants*: I hereby verify that all of the information in this application is correct and that I meet the eligibility requirements for the membership category that I have checked. I further agree to abide by the Professional Standards and Ethical Codes of the Wyoming School Psychology Association and the national ethical and professional standards of my profession.

_____ _____

Applicant's Signature Date

Membership Dues: Regular—$20.00 Associate/Retired—$15.00

Please send this form and your check payable to WSPA to:

PAT LOPER
401 W 4TH AVENUE
CHEYENNE WY 82001-1222

***Required fields**