

New York Association of School Psychologists

Membership Application

First Name _____ Last Name _____
Address _____ City, State, Zip _____
County _____ Email Address _____
Home Phone _____ Work Phone _____
Employer _____ Job Title _____

Membership Type

- Regular Member \$120 Retired Member \$60
 Student Member \$60 Common Address \$165
 Affiliate Member \$ 60 (two members at the same address)

Career Level

- Early Career (1 – 5 years) Full time school psychologist Part time school psychologist
 School psychologist: Not practicing School Psychologist: Private Practice College/ University Faculty
 Retired Student: Year of expected graduation: _____

Certifications/ Licenses

- School Psychologist Certification Nationally Certified School Psychologist State Licensed
 Board Certified Behavior Analyst ABSNP Bilingual Certification
 Other certification: _____

Applicant's Signature _____ Date _____
(Indicates agreement to abide by the ethics & standards of NYASP)

Student membership requires supervisor's signature and program information below.

Signature of Advisor or Supervisor _____ Date _____

Program Name & Location _____