



New York Association of School Psychologists Membership Application / Colleague Referral

First Name Last Name

Address County

City State Zip Code

Home Phone Office Cell Email*

Certified / licensed as a school psychologist Yes No

Nationally certified as a school psychologist (NCSP) Yes No

Are you currently employed as a school psychologist Yes No

Certificate / license type (permanent, provisional, etc)

Which of the following describes your primary function(s)
Please check all that apply School Psych Student Supervisor
 Trainer Private

Please check all professional affiliations NASP NYSUT AFT Other

Please check the type of membership you are applying for below. Student membership requires validation of student status.
Common Address membership is for two members living at the same address.

Regular \$110 Student \$55 Retired \$55 Common Address \$165

Program / advisor's contact information (required for students) _____

Program / advisor's signature (required for students) X _____

Application submission indicates agreement to abide by the ethics and standards of the New York Association of School Psychologists. Ethics and professional standards manuals and other documents related to professional conduct are available online at www.nyasp.org

The membership year is from August 1st to July 31st. Is this a renewal _____ or a new membership _____

Please print the completed form and mail to: 911 Central Ave, #118, Albany, NY 12206

Please make checks payable to "NYASP" or pay online through our secure store at www.nyasp.org. *Email is required as your email address is used for membership verification and identification.

Your Signature and Date: X _____