

New York Association of School Psychologists Membership Application

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

Membership Type

<input type="checkbox"/> Regular Member: \$ 125	<input type="checkbox"/> Retired Member \$ 65
<input type="checkbox"/> Regular Recurring Payments: \$ 125	<input type="checkbox"/> Retired Recurring Payments \$ 65
<input type="checkbox"/> Regular: Multiple Payments Recurring: \$ 125 (\$ 31.25 billed quarterly)	<input type="checkbox"/> Student Member: \$ 65
<input type="checkbox"/> Affiliate Member: \$ 95	<input type="checkbox"/> Common Address: \$ 87.50 per member Name of second member:

Career Level

<input type="checkbox"/> Early Career (1-5 years)	<input type="checkbox"/> Full time school psychologist	<input type="checkbox"/> Part time school psychologist
<input type="checkbox"/> School Psychologist: Not practicing	<input type="checkbox"/> School Psychologist: Private Practice	<input type="checkbox"/> College/ University Faculty
<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Other:

Certificate/ Licenses (check all that apply)

<input type="checkbox"/> School Psychologist Certification	<input type="checkbox"/> Nationally Certified School Psychologist	<input type="checkbox"/> State Licensed
<input type="checkbox"/> Board Certified Behavior Analyst	<input type="checkbox"/> ABSNP	<input type="checkbox"/> Bilingual Certification
<input type="checkbox"/> Other Certification:		

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

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

Signature of Advisor or Supervisor:

College/ University:

Year of Expected Graduation:

Mail to: NYASP Membership, 911 Central Avenue, Suite 118, Albany, NY 12206

Email to: Membership@nyasp.org