# New York Association of School Psychologists

## Membership Application

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<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<thead>
<tr>
<th>Address</th>
<th>City, State, Zip</th>
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<tr>
<th>County</th>
<th>Email Address</th>
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<th>Home Phone</th>
<th>Work Phone</th>
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<tr>
<th>Employer</th>
<th>Job Title</th>
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### 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: __________________________________________

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**Applicant’s Signature** ____________________________________________

**Date** ________________

*(Indicates agreement to abide by the ethics & standards of NYASP)*

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**Student membership requires supervisor’s signature and program information below.**

**Signature of Advisor or Supervisor** ____________________________________________

**Date** ________________

**Program Name & Location** ____________________________________________

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