



VERMONT PSYCHOLOGICAL ASSOCIATION, INC.

P.O. Box 1017
100 State Street - Suite 330
Montpelier, VT 05601-1017

Tel: (802) 229-5447
Fax: (802) 225-8948
Email: vpaed@vermontpsych.org

2009 MEMBERSHIP APPLICATION and DUES STATEMENT

Name: _____ Highest degree: _____

Applying for: Member Student Member Out of State Member Associate Member (non-psychologist)

Why are you joining VPA? Please rate the following in order of importance, 1 being the highest :

___Collegiality ___Communications ___Legislative Advocacy ___Reduced CE Fees ___Referrals ___Other: _____

Please check ONE preferred address for communications from VPA and give ALL applicable addresses below:

Send to Business Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ EMail _____

Send to Home Address _____

City _____ State _____ Zip _____ Phone _____

Fax _____ EMail _____

Present Position (Give title, duties, employer name, date started):

Previous Professional Position (Supply same details as for "Present"):

Have you ever been a member of the Vermont Psychological Association? Yes No

Are you licensed to practice psychology in Vermont? Yes No Pending Since (date) _____

License # _____ Doctorate or Masters

Are you licensed/certified to practice psychology in another state? Yes No

License # _____ Doctorate or Masters

Are you a member of the American Psychological Association? Yes No

Category: Member Associate Since (date) _____ APA Membership # _____

Are you a member of the American Psychological Society? Yes No

Other scientific/professional societies to which you belong (please include dates): _____

Have you at any time been convicted of a felony, sanctioned by any professional ethics body, licensing board, or other regulatory body or by any professional or scientific organization? Yes No If yes, please provide an attached explanation.

Summary of Academic History:				
	Date Received	Date Expected	Awarding Institution	Field of Degree
Doctorate	_____	_____	_____	_____
Masters	_____	_____	_____	_____
Other	_____	_____	_____	_____

(Over Please)

My curriculum vita is enclosed: Yes No If "No," reason _____

Note: A curriculum vita must be sent with this application to VPA. If you are not an APA member, you must also send proof of Vermont licensure in good standing **or** have your official transcripts for advanced degrees sent to VPA. Photocopies cannot be considered without embossed school seal.

A copy of my VT license is enclosed, or Transcripts from (#)_____ Institutions have been ordered or sent.

Please Indicate payment category with a ✓ and enclose amount due with your application.

PSYCHOLOGISTS/CLINICIANS - VOTING MEMBERS

- | | |
|---|-------|
| <input type="checkbox"/> Newly licensed practicing psychologist | \$150 |
| <input type="checkbox"/> Licensed practicing psychologist - Year 2 | \$225 |
| <input type="checkbox"/> Licensed practicing psychologist - Year 3 and over | \$300 |
| <input type="checkbox"/> Academician - No income derived from clinical practice | \$150 |

NON-VOTING MEMBERS

- | | |
|--|-------|
| <input type="checkbox"/> Student Member (fulltime student) - Must send copy of student ID
(No income derived from clinical practice.) | \$ 50 |
| <input type="checkbox"/> Associate Member: All other individuals applying | \$150 |

Practice/Work Setting: Please circle all that apply. Also, circle "P" for **part-time** and "F" for **full-time**.

Private	P	F	Group	P	F	Community Mental Health Center	P	F
Academician	P	F	Multidisciplinary	P	F	Health Center	P	F
Adjunct	P	F	Organizational	P	F	Hospital	P	F
School	P	F						

Student Applicants Only: A VPA member must sign here to endorse your student membership application. Call the VPA office if you need assistance in locating a VPA member.

Sponsor (print): _____ Sponsor Signature: _____

***Please Note:** Students must provide a copy of valid student identification with this application.

Date: _____ Applicant Signature: _____

Please make check payable to "VPA" and return to: VPA , PO Box 1017, Montpelier, VT 05601-1017

Important notice regarding tax deduction of dues: When filing your tax return, 95% of your VPA dues are deductible as required per the Clinton tax bill passed by Congress in 1994. As in any circumstance, if you have questions regarding your individual tax returns, consult with your tax advisor.