

MEMBERSHIP REQUIREMENTS:

MEMBER- The minimum standard for election to Member status shall be the receipt of the doctoral degree from a program in Psychology that is conferred by a regionally/accredited graduate school. Candidates for Member status shall be engaged in study or professional work that is primarily psychological in nature.

ASSOCIATE- The minimum standard for election to Associate status shall be (a) completion of at least two years of graduate work in psychology in a regionally/accredited graduate school or (b) a master's degree in psychology from a regionally/accredited graduate school plus twelve months of acceptable experience in professional work that is psychological in nature.

STUDENT AFFILIATE and STUDENT E-MEMBER- shall be persons enrolled in a regionally/accredited graduate program in psychology and not working in a professional capacity, other than an internship. Student Affiliates and E-Members may participate in all activities of the Association, but may not vote hold office in the Association.

Application:

1. Fill out and sign application,
2. Check Member Category and enclose dues. Make check payable to:
Michigan Psychological Association
3. Send to:

Michigan Psychological Association
124 W. Allegan, Suite 1900
Lansing, MI 48933
Phone (517) 347-1885
Fax (517) 484-4442
E-Mail: mpa@accd.net
Web Site: www.michpsych.org

Membership Category:

Please CHECK correct category:

Sustaining Membership.....\$300.00

Regular Membership

Doctorate, Full License.....\$265.00
 No License or Academic..... \$150.00
 (Academic psychologist = 90% of income from teaching)

Doctorate, limited license (2 years).....\$ 150.00

◆ Doctorate, Reduced Income (< than \$30,000/year)

By application only. Contact MPA office.

Associate Membership (Master's Degree) ..\$125.00

Student Affiliate (Graduate Student)..... \$ 50.00

Student E-Member (Graduate Student)..... \$ 25.00
 (Student E-members receive information via website only (no mailings))

Credit Card Payment:

Charge \$ _____ to my:

MasterCard VISA Discover

Exp. Date: _____

Acct. Number: _____

CVV2 # (3 digit # on back of card) _____

Signature: _____



MPA
Michigan Psychological Association

Membership Application:

Straight to the Point.



MPA MEMBERSHIP offers you:

- ◆ INFORMATION
- ◆ PUBLICATIONS
- ◆ EDUCATIONAL RESOURCES
- ◆ ADVOCACY
- ◆ BENEFITS
- ◆ PUBLIC EDUCATION PROGRAMS
- ◆ STATEWIDE NETWORK
- ◆ STATEWIDE REFERRAL SERVICE

MPA is an organization for all Psychologists working to advance Psychology as a science and profession and to promote human welfare by encouraging the highest level of standards in all branches of psychology.



Michigan Psychological Association
 124 W. Allegan, Suite 1900
 Lansing, MI 48933
 Phone: (517) 347-1885
 Fax: (517) 484-4442

MPA MEMBERSHIP APPLICATION

Instructions: Complete and sign this application. Mail it to: MPA, 124 W. Allegan, Suite 1900, Lansing, MI 48933. Enclose a check made payable to "MPA" or complete the credit card information on the reverse side.

Name:

_____ (last) _____ (first) _____ (middle)

Address:

Street _____

City _____ State _____ Zip _____

Home Zip code: _____ Home county: _____

Phone: () ____ - ____ Fax: () ____ - ____

E-mail: _____
(e-mail addresses are not shared with others)

PROFESSIONAL APPLICANTS:

_____ Highest Degree _____ Institution _____ Year _____

License # _____ State _____

Current position: _____

Please check and complete if applicable:

- I will offer services in the following languages (other than English)

- I am willing to offer Pro Bono services:
- I am willing to act as a supervisor:

STUDENT APPLICANTS:

Institution _____ Program _____

MEMBERSHIP CATEGORY

- Regular Member (doctorate)
- Associate Member (master's degree)
- Student Affiliate (graduate student)
- Student E-member (graduate student)

MICHIGAN LICENSE ABPP*

- Full
- Limited
- None
- Clinical
- Disability
- Forensic
- Neuropsychology

APA MEMBER:

- Fellow
- Member
- Associate
- Student
- Psychoanalysis
- Rehabilitation
- School

* American Board of Professional Psychology

AREAS OF INTEREST:

- Adult
- Academic
- Adolescent
- Children <12
- Marriage & Family
- Forensic
- Industrial
- Neuropsychology
- Public Sector
- School
- Substance Abuse

Other: _____

Have you ever been sanctioned by a licensing board? Yes No

If yes, please explain. Attach additional pages if necessary: _____

PROFESSIONAL ETHICS DECLARATION: Have you ever been convicted of a felony or a violation of the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association? Yes No.

I hereby make voluntary application to the Michigan Psychological Association for membership at the level indicated. I agree to be bound by the Ethical Code of Professional Conduct of the American Psychological Association.

I agree to be bound by the Bylaws of the Michigan Psychological Association, as they are applicable to me as a member or affiliate. Non-payment of dues for two consecutive years is the equivalent of a request for resignation from the Association. I acknowledge that during such two-year period, I would continue to be bound by the ethics of the profession as described in the Bylaws. I understand that membership is entirely voluntary and I agree to make no claim against the Michigan Psychological Association, its officers, its members, or its agents for failure to issue membership or for any action taken in connection with this application.

I authorize, whenever it is deemed appropriate by MPA, the exchange of information concerning my application (before or at any time after action is taken on my application) with the American Psychological Association, with state psychological associations, and with state licensing or certifying authorities. I authorize the MPA, its officers, or its agents to conduct an investigation regarding my character as to my professional standing. In the event of an investigation, I authorize any person contacted by the MPA to respond to its inquiry.

Statement: MPA DOES NOT DISCRIMINATE ON THE BASIS OF SEX, RACE, OTHER PROTECTED CLASSES OR SEXUAL ORIENTATION.

Signature _____

Date _____