



Wisconsin Psychological Association

MEMBERSHIP APPLICATION

Wisconsin Psychological Association

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2018

MEMBERSHIP CATEGORIES:

Check category for which you are applying:

The purpose of the Wisconsin Psychological Association (WPA) is to advance psychology as a science and a profession to promote the understanding and ethical application of psychological principles, and to promote the public welfare through the science of psychology. WPA is the state affiliate of the American Psychological Association.

- MEMBER: [\$375.00 per year]** Apply for Member status if you have received a doctoral degree based in an academic field of psychology conferred by a regionally accredited graduate school or are licensed as a psychologist in Wisconsin. May vote and hold office.
- LIFE MEMBER-ACTIVE: [\$160.00 per year]** Apply for Life Member-Active if you have reached the age of 65 and have been a member of WPA for at least 10 consecutive years prior to application. Active Life Members are working in the profession of psychology for less than 20 hours per week on average. May vote, but may not hold office.
- LIFE MEMBER-RETIRED: [\$50.00 per year]** Apply for Life Member-Retired if you meet the requirements for Life Member-Active, but are not working in the profession of psychology. May not vote or hold office.
- STUDENT AFFILIATE: [\$20.00 per year]** Apply for Student Affiliate if you are an undergraduate or graduate student enrolled in a program leading to a degree in psychology granted by a regionally accredited school. May not vote or hold office.
- AFFILIATED PROFESSIONAL: [\$100.00 per year]** You may apply for Affiliated Professional if you have completed two years of graduate work and are employed in a mental health field or are licensed/credentialed in a mental health field and are not eligible for Member status. May not vote or hold office.
- OUT OF STATE AFFILIATE: [\$225.00 per year]** Apply for Out of State Affiliate if you are eligible to be a Member of WPA but your work is primarily out of state. May not vote or hold office.
- GROUP MEMBERSHIP:** Name of Group: _____

By submitting this application I agree to accept and abide by the ethical standards and principles established by the American Psychological Association. I confirm that the information herein is true to the best of my knowledge and I attest that I have not been found in violation of ethical or legal codes for the practice of psychology in any jurisdiction. I understand WPA may deny or withdraw my application for any reason consistent with the WPA bylaws.

GENERAL INFORMATION:

Name: _____

Last Middle First

Highest Degree _____ Licensed Y or N. If Yes: # & State _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

If Student: List College or University currently attending: _____

PAYMENT INFORMATION:

Enclosed is a check payable to WPA **Please charge my Visa/Mastercard** TOTAL: \$ _____

Card No: _____ CVV Code: _____ Exp. Date: _____

Name on Card: (exactly as appears) _____

Address: (if billing address different than above) _____

City: _____ State: _____ Zip: _____