



Wisconsin Psychological Association

MEMBERSHIP DUES STATEMENT

Wisconsin Psychological Association

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2021

MEMBERSHIP CATEGORIES: *Check category for which you are renewing or joining*

	By January 31	After January 31
<input type="checkbox"/> Member	\$350	\$375
<input type="checkbox"/> Life Member-Active	\$135	\$160
<input type="checkbox"/> Life Member-Retired	\$50	\$50
<input type="checkbox"/> Student Affiliate	\$20	\$20
<input type="checkbox"/> Affiliated Professional	\$100	\$100
<input type="checkbox"/> Early Career 1st Year	\$100	\$100
<input type="checkbox"/> Out of State Affiliate	\$200	\$225

INTEREST SECTIONS:

All WPA members are eligible. Students are FREE!

- Industrial & Organizational Psychology \$10
- Forensic & Correctional Psychology \$10
- Psychopharmacology & Prescriptive Authority \$25

CONTRIBUTIONS: SUSTAINING MEMBER or BENEFACTOR:

Show your support for WPA advocacy, public education and other activities by contributing above and beyond your membership dues and becoming a Sustaining Member or Benefactor.

- SUSTAINING MEMBER Single Donation \$120-\$499
- BENEFACTOR Single Donation > \$500
- Show your support with a GENERAL Contribution. All donations welcome! Amount: \$ _____
- STUDENT AFFILIATE SPONSORSHIP donation: \$20 per student sponsored \$ _____

Dues payments to the Wisconsin Psychological Association are not charitable, but may be deductible as ordinary business expenses.

The portion of your membership dues paid to an organization that conducts lobbying is not tax deductible. Currently the non-tax deductible amount is 50%.

- Make a fully tax-deductible contribution to the WISCONSIN PSYCHOLOGY FOUNDATION to support student research awards & scholarships as well as both public & professional education. \$ _____

Contributions to the Wisconsin Psychology Foundation are fully deductible as charitable contributions.

GENERAL INFORMATION:

Name: _____ Highest Degree: _____

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

Address: _____

Phone: _____ Cell Phone: _____

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: _____ Exp. Date: _____

Name on Card: (exactly as appears) _____

Address: (if billing address different than above) _____

City: _____ State: _____ Zip: _____

Send to: WPA - 11801 W. Silver Spring Dr., Suite 200, Milwaukee, WI 53225 Fax (888.776.1877)- E-mail wispsych@wispsych.org

<u>PAYMENT</u>	
Dues Payment	\$ _____
Interest Section	\$ _____
	\$ _____
	\$ _____
Contributions	\$ _____
	\$ _____
	\$ _____
	\$ _____
Total Payment	\$ _____