



An Official Chapter of the California Psychological Association
(Membership runs from January to December)

2010 SGVPA Membership Application

PLEASE COMPLETE ALL INFORMATION

Membership Status: Renewing Member New Member Date _____

Name: _____ Degree _____ License# _____ Year Licensed _____

Business Address: _____

Residence Address: (for political action/constituent ID)

Telephone #'s Office #: _____ Home #: _____

Cell #: _____ Email: _____

Membership Categories: (Circle the appropriate membership category and your corresponding degree)

Doctoral (licensed):	\$145	PhD. PsyD EdD
Doctoral (newly licensed)	\$110 (3 years max post licensure)	PhD. PsyD EdD
Doctoral (unlicensed):	\$85	PhD. PsyD EdD
Associate:	\$125	MA MFT LCSW
Affiliate:	\$125	MD or Other Professional
Student:	\$30	Enrolled in Psychology or Counseling Program

Graduate School/Program: _____

Check all that apply:

<input type="checkbox"/> Licensed Psychologist	<input type="checkbox"/> Registered Psychologist	<input type="checkbox"/> Psychological Assistant
<input type="checkbox"/> Licensed Marriage Family Therapist	<input type="checkbox"/> MFT Trainee	<input type="checkbox"/> Student
<input type="checkbox"/> Licensed Clinical Social Worker	<input type="checkbox"/> MSW Trainee	<input type="checkbox"/> Licensed Psychiatrist

I am a member of: APA CPA National Registry I am a Board Certified Diplomate: Yes No

Membership Preferences:

You may You may not: List my professional information in a membership directory
 You may You may not: Share my information with other professional organizations
 You may You may not: Contact me to volunteer at upcoming events and/or SGVPA Committees

Please check committees of interest:

<input type="checkbox"/> Membership Programs	<input type="checkbox"/> Pre-licensed or Early Career Professional	<input type="checkbox"/> Governmental Affairs
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Website Management	<input type="checkbox"/> Colleague Assistance
<input type="checkbox"/> Book Group	<input type="checkbox"/> Disaster Response	<input type="checkbox"/> Ethics
	<input type="checkbox"/> Movie Night	<input type="checkbox"/> Mindfulness Group

Topics You'd Like to Hear About at SGVPA Functions: _____

PROFESSIONAL ETHICS DECLARATION*

I have read and agree to abide by the Code of Ethics of the American Psychological Association

Please Mail Back Your Application to:
(Make Checks Payable to SGVPA)

Stephanie Law, PsyD, SGVPA Membership Chair
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