

An Official Chapter of the California Psychological Association

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 (up to 3 years 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: _____

(Optional) Would you like to donate to the CA Psychological Association Political Action Committee CA- PAC?

Circle One: \$5 \$10 \$20 \$50 \$100 **Other amount:** _____

For a PAC donation, the law requires that you state your employer or indicate if self employed: _____

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:

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

Please check committees of interest:

<input type="checkbox"/> Membership	<input type="checkbox"/> Pre-licensed or Early Career Professional	<input type="checkbox"/> Governmental Affairs
<input type="checkbox"/> Programs	<input type="checkbox"/> Website Management	<input type="checkbox"/> Colleague Assistance
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Disaster Response	<input type="checkbox"/> Ethics
<input type="checkbox"/> Child & Adolescent	<input type="checkbox"/> Clinical Psychopharmacology	<input type="checkbox"/> Mindfulness Group
<input type="checkbox"/> Addiction & Recovery	<input type="checkbox"/> Group Psychotherapy	<input type="checkbox"/> C.A.R.E. (self-care)

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)

Laurie Nougier, PhD, SGVPA Membership Coordinator
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