

MEMBERSHIP APPLICATION - FULL YEAR
July 1, 2008 - June 30, 2009

Name: _____ Current Degree _____

Mailing Address _____

City _____ State _____ Zip _____

Office Phone _____ Home Phone _____

Fax _____ County of Residence _____

E-mail _____ Year Rec'd Degree _____

Are you licensed in NC? YES NO Category of Licensure: LP LPA

D U E S Members \$35,001 & over-\$290.00** \$35,000 & under-\$245.00**

Early Career Psychologists** Out-of-State-\$75** Affiliate-\$75** Students** \$35

- 1st year \$60
- 2nd year \$100
- 3rd year \$125
- 4th year \$150
- 5th year \$175

****See below for qualifications**

MEMBERS: Must have a Doctoral or Master's degree in psychology or an area that is psychological in nature. Be currently licensed by the NC Psychology Board or send a **Current Official Transcript** of graduate degree in psychology.

EARLY CAREER PSYCHOLOGISTS: Must have a Doctoral or Master's degree in psychology or an area that is psychological in nature and received your psychology degree within the last 7 years. Be currently licensed by the NC Psychology Board or send a **Current Official Transcript** of your graduate degree in psychology.

STUDENT MEMBERS:

- **Graduate Students** in advanced study programs in psychology. Application must include a **Letter From Department Verifying Degree Candidacy** or **Current Official Transcript**
- **Undergraduate Students** shall be students who are majoring in psychology. **Application must include a Letter (on school letterhead) from College or University indicating that student is Majoring in Psychology and Currently Enrolled with Anticipated Graduation Date.**

OUT-OF-STATE MEMBERS: Are members who have been in good standing with NCPA and have moved to another state, or persons from another state who wish to become NCPA members. Application must either indicate licensure in North Carolina or include a **Current Official Transcript** of graduate work in psychology.

AFFILIATE MEMBERS: Must demonstrate an interest in psychology (as evidenced by graduate study, scientific publication, clinical experience, or other acceptable activity in the field) but **do not meet member or student member requirements and submit a Current Official Transcript.**

Signature _____ Recruited by _____

NOTE: PLEASE INCLUDE DUES PAYMENT CHECK OR CHARGE CARD -VISA or MASTERCARD (complete form below)

Name as it appears on charge card: _____

Card #: _____ CVC # _____ Expiration Date: _____

Address Where Card Bill Received: _____