

Central Pennsylvania Psychological Association

Application for Membership or Renewal, January 1 through December 31, 2010.
Please complete and send this form with a check made payable to CPPA to:

CPPA, P. O. Box 1372, State College, PA 16801

Membership Category (Check One)

Dues/Year 2010

Member: (CE benefits, voting privileges, can hold office) \$30.00

___ I am a psychologist living or working in Central Pennsylvania, and I qualify to be a member of either/both:

___ the Pennsylvania Psychological Association

___ the American Psychological Association

Associate Member (Allied Professional): \$20.00

___ I am a practicing mental health professional in the following area: _____ and am interested and/or involved in promoting psychology in Central Pennsylvania.

Student member: \$10.00

___ I am a student enrolled in a graduate program in psychology.
(name of academic advisor: _____ .)

___ I am a psychologist-in-training preparing for the licensure exam.

Date: _____

Amount Enclosed: \$ _____

Name: _____ Degree: _____

(please print)

Address: _____

E-mail: _____ Fax: _____

Telephone: _____

Send CPPA mailings to the following address (if different from above: _____

___ *I am interested in serving on CPPA Executive Committee. Please contact me.*

I would like to see the following issues addressed in CPPA programs:

Other comments and suggestions for CPPA: