

**COLLIN COUNTY PSYCHOLOGICAL
ASSOCIATION MEMBERSHIP APPLICATION
June 2009-May 2010**

Members of the Collin County Psychological Association shall be professionals or students who reside in, are employed in, or have an interest in the practice of psychology in North Texas. They shall have an interest in the advancement of psychology as a science and as a profession, and practice within and adhere to the Ethical Principles of Psychologists.

NAME: _____

Mail Preference: () Home () Office () Office-2

HOME ADDRESS: _____

City: _____ Zip: _____

Phone: _____

OFFICE 1: _____

City: _____ Zip: _____

Phone: _____

OFFICE 2: _____

City: _____ Zip: _____

Phone: _____

Fax number _____

E-mail address _____

(For Newsletter & meeting notification)

PROFESSIONAL POSITION/AFFILIATION

HIGHEST DEGREE EARNED _____

Date Degree Earned _____

University/College _____

CURRENT CERTIFICATION/LICENSURE

() Licensed Psychologist # _____

() Certified Psychologist # _____

() Psychological Associate # _____

() Health Service Provider # _____

OTHER MENTAL HEALTH CERTIFICATION/
LICENSURE _____

BELONG TO TPA AS : () Member

() Fellow

() Associate

() Student

() Non-Member

ALL APPLICANTS MUST COMPLETE THE FOLLOWING QUESTIONS. IF RESPONSE IS YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE ATTACH A DETAILED EXPLANATION.

Has your license to practice ever been suspended, revoked, or limited by a state licensing board?

() Yes () No

Have you ever been convicted of a felony?

() Yes () No

Have you ever been found guilty of unethical or unprofessional conduct by a local, state, or national ethics committee, professional organization or licensing board?

() Yes () No

Have you ever been guilty of malpractice?

() Yes () No

MEMBERSHIP CATEGORIES: (Please check One.)

() TPA/CCPA MEMBER: Requires a doctoral degree in psychology conferred by an accredited graduate school or certification/licensure as a Psychologist by TSBEP, Current Member of TPA

Dues FREE 1ST YEAR, RENEWAL: \$50 _____

() MEMBERSHIP: Requires a doctoral degree in psychology conferred by an accredited graduate school or certification/licensure as a Psychologist by TSBEP

Dues \$90 _____, RENEWAL: \$90 _____

() ASSOCIATE: Requires a master's degree in psychology from an accredited graduate school or TSBEP certification as a Psychological Associate.

Dues \$25 _____ Renewal \$25 _____

() AFFILIATE: For those persons interested in the advancement of psychology in the local community: requires executive committee approval.

Dues \$25 _____ Renewal \$25 _____

() STUDENT AFFILIATE: Requires current enrollment in a graduate or undergraduate program in an accredited college or university leading to a degree in psychology.

(Please have faculty member sign below.)

Dues \$15 _____ Renewal \$15 _____

University/College

Faculty Signature

TOTAL AMOUNT ENCLOSED : \$ _____

Make check payable to CCPA and mail to:

CCPA, 600 W. Campbell Rd. Ste. 5,
Richardson, TX 75080

SIGNATURE _____

Date _____

Willing to do Pro Bono ? Yes _____ No _____

FOR LISTING ON CCPA REFERRAL WEB SITE

PLEASE COMPLETE THE BACK SIDE!

