

# Pennsylvania Psychological Association

## Membership Application

416 Forster Street – Harrisburg, PA 17102  
717-232-3817 Fax – 717-232-7294

Please type or print

1. Name \_\_\_\_\_  
*Last First Middle Initial*

2. Home Address \_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Home Phone Home County*

3. Business or Professional Title \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_  
*Street or P.O. Box*

\_\_\_\_\_  
*City State Zip*

\_\_\_\_\_  
*Work Phone FAX E-Mail Address*

**Please indicate preferred mailing address: ( ) home ( ) business**

4. Check if appropriate:

\_\_\_\_ Member of the APA - APA Mbr. # \_\_\_\_\_ Certified School Psychologist in Pennsylvania  
\_\_\_\_ Licensed Psychologist in Pennsylvania License No.: \_\_\_\_\_ National Register  
\_\_\_\_ Diplomate of American Board of Professional Psychology \_\_\_\_\_ Graduate Student at \_\_\_\_\_

5. Check if appropriate:

\_\_\_\_ Full-time private practice \_\_\_\_\_ Part-time private practice

If yes, do you want to be listed in the referral section of our *Onsite Psychologist Locator*  
(name, work phone, e-mail only) on our web site(www.papsy.org)? \_\_\_\_\_

6. Have you ever belonged to PPA before? \_\_\_\_\_ If so, what year? \_\_\_\_\_

7. Academic Training Institution(full name, city, state) Date(Mo./Yr.) Major Field of Study Degree Received  
(List only highest degree in psychology related field)

---

---

---

8. Experience in the Scientific and Professional Discipline of Psychology (since degree listed in #8 was awarded)

Dates(Mo./Yr.) from - to	Location & Full Name of Organization or Institution	Title or Nature of Work	Full or Part-time
-----------------------------	--	----------------------------	----------------------

---

---

---

---

9. Have you ever been disciplined by a professional organization or a state licensing agency, or are you presently under investigation by any organization or agency? (If yes, please describe briefly on a separate paper each instance, the outcome, and its relevance to the practice of psychology.)

\_\_\_\_\_Yes                      \_\_\_\_\_No

10. In making application for membership in the Pennsylvania Psychological Association, I, the undersigned, hereby give permission for the Membership Committee to verify the above information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*Signature of Advisor or Department Chair \_\_\_\_\_

*\*All students must obtain Advisor's or Department Chair's signature to verify student status. Applications for students will not be processed without this signature.*

You may pay by check or credit card (MasterCard or VISA). To pay by credit card simply complete the information below.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Mail this form with your \$99.00 (first year dues) to the Pennsylvania Psychological Association (PPA), 416 Forster Street, Harrisburg, PA 17102-1748. Student dues are \$25.00.