



Central Pennsylvania Psychological Association

Application for Membership or Renewal, January 1 through December 31, 2012
Please complete and send this form with a check made payable to CPPA to:

CPPA
P. O. Box 454
State College, PA 16801

Membership Category (Check One)

Dues -Year 2012

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

New Member Renewal

Date: Amount Enclosed: \$

Name: Degree:
(please print)

Address:

E-mail: Fax:

Telephone:

If you would like to receive CPPA communications through postal mail instead of e-mail, please contact our membership co-chair Joana Santamaria at 860-644-4147, or 502 West Foster Ave., State College, PA 16801.

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 or suggestions for CPPA: