

Central Pennsylvania Psychological Association

Application for Membership or Renewal, January 1, 2017 through December 31, 2017.

Please complete and send this form by with a check made payable to CPPA to:

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

Membership Category (Check One)

Dues/Year

Member	\$30.00
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I am a psychologist living or working in Central Pennsylvania, *and* I meet the membership requirements of (check at least one of the following):

the Pennsylvania Psychological Association

the American Psychological Association

Associate Member	\$10.00
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I am a student enrolled in a graduate program in psychology, and I do not work more than 20 hours per week as a psychologist. (Certification of student status by academic advisor is required.)

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

I am a non-psychologist licensed mental health professional.

Date: _____	Amount Enclosed: \$ _____
Name: _____ (please print)	Degree: _____
License Type: _____	License Number: _____
Address: _____ _____	
E-mail: _____	Fax: _____
Telephone: _____	

I am interested in serving on a CPPA committee. Please contact me.

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

Other comments and suggestions for CPPA:

Thank you for your interest in CPPA. If you have questions about membership, please contact CPPA president, Richard Plut (plutexams@verizon.net).