

## Membership Application

**Be sure ALL INFORMATION is provided**

Referred By (option): \_\_\_\_\_

Your full name: \_\_\_\_\_ Informal Name: \_\_\_\_\_

Address (Home AND Work): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Phone (list type of phone): \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Degree: ☐ PhD ☐ PsyD ☐ EdD ☐ EdS ☐ MS Year Granted: \_\_\_\_\_

Institution/City/State: \_\_\_\_\_ Department: \_\_\_\_\_

Major Specialization (as stated on your transcript): \_\_\_\_\_

Was graduate program APA approved at the time of graduation? ☐ Yes ☐ No

☐ Licensed as a psychologist in the state of Florida. License number PY: \_\_\_\_\_ Year Issued: \_\_\_\_\_

☐ Licensed as a psychologist outside the state of Florida: License number: \_\_\_\_\_ State: \_\_\_\_\_ Year Issued: \_\_\_\_\_

☐ Licensed in another profession in this or another state: License number: \_\_\_\_\_ State: \_\_\_\_\_ Year Issued: \_\_\_\_\_

☐ Diplomate of ABPP. Year Awarded: \_\_\_\_\_ ☐ Diplomate of ABPN. Year Awarded: \_\_\_\_\_

☐ Member or Fellow of APA. Division(s): \_\_\_\_\_

**Do you have a pending or past complaint against your license, or have a restriction placed upon a license in any jurisdiction?**

☐ No ☐ Yes (attach detailed explanation on separate sheet, including case number and disposition)

### ANNUAL Membership COST

<b>1<sup>st</sup> Year Member</b>	\$292*	<b>Senior Psychologist</b> (at least 65 years old. Minimum of 5 years a member of FPA or State PA)	\$150
<b>2nd Year Member</b>	\$292*	<b>Out of State Psychologists</b> (Psychologist licensed in another jurisdiction but not in FL)	\$364
<b>Regular Member</b>	\$364*	<b>Student Membership</b> (doctoral level, graduate of recognized program and eligible to sit for licensing exam)	\$10.00

*You DO NOT have to be in Florida to be a member of FPA (out of state member) \* First, Second or Regular member: (1) is licensed as a psychologist by the state of Florida; OR (2) Is a fellow of the APA; OR (3) holds a diplomate from the American Board of Professional Psychology or any other diplomate board recognized by the Florida Board of Psychology; OR (4) is employed full time by a Florida college or university psychology department and holds a doctorate in the field of psychology; OR (5) is employed as a research psychologist with a doctoral degree in psychology; OR (6) is employed as an industrial/organization psychologist in a private or public company or corporation. This individual must have at least a doctorate in the field of psychology*

**Note: Regular members will be automatically renewed next year if they use a credit card.**

☐ Add Monthly payment option ☐ I do not wish to be automatically renewed for next year.

☐ I agree to abide by the ethical principles set forth by the American Psychological Association and I certify all statements made herein are true and accurate to the best of my knowledge and belief. I understand that my application is subject to review by the FPA Membership Committee. I understand that by joining FPA, I grant FPA permission to communicate with me in any manner, including by emailing me at the email address reflected above.

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

**Dues to the Florida Psychological Association are non-refundable.**

**Note:** Dues to the Florida Psychological Association are not deductible as a charitable contribution for tax purposes but may be deductible as an ordinary and necessary business expense. A portion of the dues, however, is not deductible as an ordinary and necessary business expense because the Association engages in lobbying activities. FPA estimates that 20% of dues are allocated to lobbying activities and are non-deductible. If you have any questions, please contact the FPA Central Office, 850-656-2222.

Submit your membership application by: Email to: [nickcole@flapsych.com](mailto:nickcole@flapsych.com), clicking this submit button or if needed, fax 1-850-344-9085 or Mail: FPA, PO Box 7416, Tallahassee, FL 32314-7416