



Florida Psychological Association

Application For Student Membership

Eligibility for Student Membership

Must be a student in a college or university psychology program. This includes being in an internship program or doing post-graduate residency.

Dues

Annual - \$10.00

Status

Student members are non-voting members of the Association.

Students must notify FPA if they leave the program or receive their degree.

Instructions

Please complete all items and have application signed by department chair, internship director or director of clinical training. Mail application and payment: FPA Student Membership, **Mail: PO Box 7416, Tallahassee, FL 32314-7416**

PLEASE TYPE OR PRINT ALL INFORMATION

Your full name: _____ Informal Name: _____

Address: _____

City/State/Zip: _____ County: _____

Phone: _____ Fax: _____

Email: _____

Date of birth: _____ Twitter handle: @_____

School Currently Attending/Most Recently Attended: _____

City: _____ State: _____ County: _____

Department: _____ Degree Seeking: PhD PsyD EdD

Is school APA approved? Yes No Major Specialization: _____

Anticipated year of licensure: _____

METHOD OF PAYMENT I have enclosed \$_____ for the first year dues.

Check #____ Visa M/C Amex Discover

Credit Card Number: _____ Expiration Date: _____

Signature: _____ CID*: _____

(*Security code for V/MC and Discover is a 3-digit # on the back of the card. Amex has a 4-digit # on the front of the card.)

I hereby authorize the Florida Psychological Association (FPA) to make inquiries as it deems appropriate in connection with this application for membership, with any individuals, agencies, organizations or other reference sources. In the course of the membership committee's investigation of my qualifications for membership, I hereby hold harmless FPA from any claim arising from its investigation. I invite anyone so contacted by the membership committee to answer and respond freely, frankly and without fear of claim of damage by me, and to report to the membership committee any knowledge which may be relevant to the inquiry of the committee. I understand and agree that, in the event my membership is not accepted by FPA's Executive Committee, the reason(s) will not be made public to any person, including myself.

I agree to abide by the ethical principals 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.

Signature of Applicant: _____ Date: _____

Print Applicant Name: _____

Signature of Endorser: _____
(instructor/department head)

Title: _____ Print Name: _____

Phone Number: _____

The Florida Psychological Association
Mail to: PO Box 7416, Tallahassee, FL 32314-7416
Phone: 850-656-2222
Fax: 1-850-344-9085