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Associate Member Application

(Please print legibly)

1. Name: _____
2. Home Address: _____
3. Telephone Number: _____
4. Email Address: _____
5. Profession or Field of Employment: _____
6. Primary Place of Employment: _____
7. Work Address and Telephone: _____

8. Title of Position: _____
9. Please briefly explain the nature of your involvement with the field of psychology (for example, a psychology teacher, psychotherapist, interest in psychology, mental health law).

10. Highest or most relevant degree earned: _____ Subject area: _____
Degree Granting Institution: _____
11. Do you hold a professional License or certificate? Yes No
12. If yes, what is the type of License/Certificate? _____
13. Year of Licensure/Certification: _____ State of License/Certification: _____

I certify that the information provided above is true and correct.

Signature: _____ Date: _____

Step 1: Complete application: Please return application Dr. Ronald Fischman, Membership Chair. Please send by email to ronfischman@comcast.net or 601 Summit Avenue 3rd Floor Jenkintown, Pa 19046.

Step 2: Dues: Dues may be easily paid online: www.philadephiapsychology.org under "Renew or Join Membership" or send check to above address. Membership period is from June 1 to May 31. First year discounted membership dues \$90.00.