



The Association of Black Psychologists

7119 Allentown Rd, Suite 203 Ft. Washington, MD 20744

Phone: (301) 449-3082 Fax: (301) 449-3084 Website: www.abpsi.org Email: abpsi@abpsi.org

Join or Renew Online at www.abpsi.org

2017 NATIONAL MEMBERSHIP APPLICATION

Membership Year: January 1, 2017 to December 31, 2017

PLEASE READ APPLICATION GUIDELINES ON REVERSE SIDE

PART I PERSONAL INFORMATION

Application Type: () New Member () Renewing Member Membership Type: () Professional () Student

Gender: () Female () Male () Other Date of Birth: Month _____ Date _____ Year _____

PREFERRED MAILING ADDRESS Residence Business

NAME _____
First Middle Last Suffix Credential(s)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL* _____ BUSINESS PHONE _____ () Ext. _____

*Associations News is provided via Email

PART II PROFESSIONAL INFORMATION

HIGHEST DEGREE EARNED IN PSYCHOLOGY OR RELATED FIELD _____ YEAR GRADUATED _____

INSTITUTION _____ FIELD OF STUDY _____

YEAR (FROM-TO) _____ MAJOR FIELD OF DEGREE _____

INSTITUTION _____ FIELD OF STUDY _____

YEAR (FROM-TO) _____ MAJOR FIELD OF DEGREE _____

INSTITUTION _____ FIELD OF STUDY _____

YEAR (FROM-TO) _____ MAJOR FIELD OF DEGREE _____

How do you identify as a Psychologist?:

Clinical Counseling Basic Researcher Applied Researcher Health Service Provider

School Psychologist Applied Psychologist (I/O, Forensic, etc.) University/College/Community College Educator K-12 Educator

Consulting (specify) _____ Other _____

Employer _____ Job Title _____

Employment Setting: Human Services Education Federal/State Government Administrator Other _____

Retired

Are you licensed as a Psychologist by a State or Provincial Psychology Board? YES NO Is your License Active YES NO

In Which State(s) are you Licensed? _____

Other than English, what languages do you speak fluently? _____

Please Indicate your Areas of Specialty and/or Practice:

- Biological Psychology
- Clinical/Counseling Psychology
- Child Psychology
- Cognitive Psychology
- Community Psychology
- Developmental Psychology
- Educational Psychology
- Experimental Psychology
- Forensic/Legal Psychology
- Health Psychology
- Industrial Organizational Psychology
- International Psychology focusing on Culture, Ethnicity & Race
- Intellectual Disabilities
- Marriage & Family
- Military/Veteran Psychology
- Neuropsychology
- Rehabilitative Psychology
- Personality Psychology
- Psychometrics/Statistics
- Psychopharmacology Specialty
- Social Psychology
- School Psychology
- Special Education
- Sports Psychology
- Trauma/Crisis Intervention
- Other (Please specify) _____

PART III COMMUNICATION INFORMATION

We often receive requests from the media for psychologists to share their professional knowledge on current events. Do you want to be a part of The Media Response Team? YES NO

Would you like to receive digital copies of the *Psych Discourse News Journal* instead of hard copy? YES NO

PART IV PAYMENT INFORMATION

ANNUAL MEMBERSHIP DUES: Please see guidelines for description of membership categories. Students: Include copy of CURRENT Student I.D.			
<input type="checkbox"/> Life	\$2500.00	<input type="checkbox"/> Early Career Professional (ECP) 2 nd Yr.....	\$175.00
<input type="checkbox"/> Supporting.....	\$300.00	<input type="checkbox"/> Professional Affiliate	\$235.00
<input type="checkbox"/> Professional General	\$225.00	<input type="checkbox"/> International Professional.....	\$150.00
<input type="checkbox"/> Professional Associate.....	\$225.00	<input type="checkbox"/> Graduate Student.....	\$55.00
<input type="checkbox"/> Professional Adjunct.....	\$225.00	<input type="checkbox"/> Undergraduate Student.....	\$35.00
<input type="checkbox"/> Early Career Professional (ECP) 1 st Yr.....	\$125.00	<input type="checkbox"/> Institutional Member.....	\$1500.00

**Members who choose not to join the local chapter in their area, must pay the \$25 Member-at-large Fee. If a chapter does not exist, the fee does not apply.*

PAYMENT METHODS	CHECK MONEY ORDER	VISA	MASTERCARD	AMERICAN EXPRESS	PURCHASE ORDER # _____
NAME OF CARDHOLDER _____					
BILLING ADDRESS _____					
CREDIT CARD NUMBER _____		CCV CODE _____		EXPIRATION DATE _____	
SIGNATURE _____					
PAYMENT	Membership Fee			5% Service Fees on Credit Cards \$300.00 \$ 15.00 \$225.00 \$ 11.25 \$175.00 \$ 8.75 \$125.00 \$ 6.25 \$55.00 \$ 2.75 \$35.00 \$ 1.75 \$1500.00 \$ 75.00 \$2500.00 \$ 125.00	
	\$25.00 Member-at-large fee (if you do not join local chapter)				
	ABPsi Annual Campaign Donation				
	ABPsi Student Circle Annual Campaign Donation				
	ABPsi Trauma Relief Pledge Donation				
	SUBTOTAL				
	Add 5% Service Charge for credit card payments only				
	TOTAL AMOUNT				

In submitting this application, I affirm that the statements made in this application are true. I also affirm that I subscribe to and will support the objectives of The Association of Black Psychologists as outlined in the Bylaws. I agree that my conduct will be governed by The Association of Black Psychologists' Code of Conduct and Ethical Procedures. I assume the Rights, Privileges, and Responsibilities of Membership in the Association of Black Psychologists:

Applicant's Signature: _____

Date: _____