



Houston Association of Black Psychologists

MEMBERSHIP APPLICATION

MEMBERSHIP STATUS

Renewal New Member

MEMBERSHIP YEAR: _____

TYPE OF MEMBERSHIP

Professional (\$45) Associate (\$45) Adjunct (\$45) Affiliate (\$45) Student (\$15)

Last name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

Telephone: _____ home _____ cell _____

Email: _____

Area of Study: _____ University: _____ Degree and Date Received: _____

Present Employer: _____ Job Title: _____ Number of years: _____

Business Address: _____

Business Phone: _____ Business Fax: _____ Business Email: _____

Preferred Email: personal business Preferred Postal Address: personal business

Committee Preference:

Community service Professional development Student circle
 Political action National conference planning

Specialty Area: _____

Licensure Status:

LSSP LPC LMFT Psychologist Other No license
 LSSP-I LPC-I LMFT-I Provisionally Licensed Psychologist

Population(s) you serve:

Children Teens Groups Families Couples Forensic
 Disabled Seniors/Elderly Adults Other: _____

Competencies - select no more than five:

<input type="checkbox"/> ADHD	<input type="checkbox"/> Anger Management	<input type="checkbox"/> Anxiety/Phobia Trauma	<input type="checkbox"/> Christian/Faith
<input type="checkbox"/> Depression	<input type="checkbox"/> Development Disorder	<input type="checkbox"/> Career/Vocational	<input type="checkbox"/> Family
<input type="checkbox"/> Sex Offenders	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Educational testing	<input type="checkbox"/> Executive Coaching
<input type="checkbox"/> Forensic	<input type="checkbox"/> GLBT	<input type="checkbox"/> Gerontology	<input type="checkbox"/> Grief
<input type="checkbox"/> EAP	<input type="checkbox"/> School Psychology	<input type="checkbox"/> Compulsive Disorders	<input type="checkbox"/> I/O
<input type="checkbox"/> Multicultural	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Mood Disorders	<input type="checkbox"/> Neuropsych
<input type="checkbox"/> Psych Testing	<input type="checkbox"/> Personality Disorder	<input type="checkbox"/> Sport Psychology	<input type="checkbox"/> Marriage

DATE PAID: _____ CASH/ CHECK/ CC **RECEIVED BY:** _____