

LOS ANGELES COUNTY PSYCHOLOGICAL ASSOCIATION  
September 1, 2017 – August 31, 2018 MEMBERSHIP DUES

Application must be at the highest level for which the person is qualified.

Full Member (Doctorate or licensed in psychology) .....	\$215
Early Career Member (Received doctorate within the past seven years*, maximum of four years at this level).....	\$132
<i>*Early Career Members Required – What year did you receive your doctorate? _____</i>	
Affiliate Member (Master's in a mental health field OR other professional wishing to support LACPA activities) .....	\$132
Emeritus Member (LACPA member for at least 15 yrs., most recently as Full Member, and age 70 or older) .....	\$ 72
Disabled Member (Fully disabled and unable to work).....	\$ 65
Out-of-County/State Member (Lives and works out of Los Angeles County) .....	\$116
Student Member (Pre-Doctoral, <i>must submit proof of current student status with application</i> ) .....	\$ 44

\_\_\_ Keep me on/Add me to the LACPA Listserv (FREE with paid membership)

SAVE THE DATE for the LACPA Members Fall Party Sunday, October 8, 2017, 11:00 AM – 2:00 PM, Westside  
OPTIONAL

___ LACPA 2017/18 Find a Therapist Listing (\$50) for licensed mental health professionals only.....	+	_____
___ Donation to LACPA Foundation – suggested donation \$50.00 or any amount is appreciated.....	+	_____
___ Donation to the CPA-PAC Fund.....	+	_____

TOTAL ENCLOSED/AUTHORIZED .....\$ \_\_\_\_\_

Name \_\_\_\_\_ Degree \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_

Must provide if on LACPA's Listserv

Personal/Professional Web Address \_\_\_\_\_

Website must include your California license number for website to be listed in LACPA profile.

Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City/ State \_\_\_\_\_ Zip \_\_\_\_\_

CA Psychologist License No. \_\_\_\_\_ Year Received \_\_\_\_\_ Expires \_\_\_\_\_

Preferred Mailing Address \_\_\_ Business \_\_\_ Home

PROFESSIONAL ETHICS DECLARATION

I have read and agree to abide by the Code of Ethics of the California Psychological Association (identical to the Code of Ethics of the American Psychological Association).

Signature \_\_\_\_\_ Date \_\_\_\_\_

MAIL TO: LACPA, 6345 Balboa Blvd., #126, Encino, CA 91316 818-905-0410 FAX 818-332-4949

PLEASE MAKE CHECK PAYABLE TO LACPA OR COMPLETE THE CREDIT CARD INFORMATION BELOW.

Visa/Mastercard No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Three digit security number: \_\_\_\_\_ Name as on Card: \_\_\_\_\_

Required: This credit card bill is received at this street number \_\_\_\_\_ city \_\_\_\_\_ and zip code \_\_\_\_\_