



## 2024 NYSPA Membership Application

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Name (Print) \_\_\_\_\_ Degree \_\_\_\_\_  
Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phones: Office \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail Address \_\_\_\_\_ NYS License # \_\_\_\_\_ APA # \_\_\_\_\_  
Year of Degree \_\_\_\_\_ Degree Institution \_\_\_\_\_

**Membership Classes** please see next pages for category-specific items.

**Full Member** possesses a doctoral degree in psychology or is licensed as a psychologist in New York State. New, 1<sup>st</sup> time Full Members receive a 1st year introductory rate, and Early Career Psychologists within 5 years of receiving their doctoral degree receive incremental discounts.

- ☐ \$315 Full Member reinstatement (member within the past 5 years)
- ☐ \$150 First Time Full Member (\$315 thereafter)
- ☐ \$ 55 1<sup>st</sup> Year Post Doctoral (2023)
- ☐ \$ 90 2<sup>nd</sup> Year Post Doctoral (2022)
- ☐ \$ 90 3<sup>rd</sup> Year Post Doctoral (2021)
- ☐ \$165 4<sup>th</sup> Year Post Doctoral (2020)
- ☐ \$165 5<sup>th</sup> Year Post Doctoral (2019)

**Associate Member** has completed 2+ years of full-time graduate study in psychology or possesses a Master's Degree in psychology from a graduate school of recognized standing.

- ☐ \$ 40 First Year Associate Member (\$145 thereafter)

**Student Affiliate** must be matriculated and enrolled as a full-time student, either in a recognized graduate psychology program, post-doctoral re-specialization program, or in a college or university as undergraduate psychology majors. Recent graduates must provide proof of graduation via transcripts, diploma, or other official school records; these records must contain the name and address of the college or university.

- ☐ \$ 35 Student Member

**Professional Affiliate Member** has a professional relationship with psychology, which will be evaluated by NYSPA's Council of Representatives for approval. Applicants are required to include information regarding their degree, profession, and why they would like to become a member of the Association.

- ☐ \$ 40 Professional Affiliate Member

### WORKERS' COMP QUESTION – FOR ALL MEMBER TYPES EXCEPT STUDENTS

Are you a Workers' Comp Provider? ☐ Yes ☐ No

**Proceed to next page for membership class specific items**

*Payment information provided on last page.*

Membership is on a calendar year basis from Jan 1 through Dec 31 & begins upon acceptance. Membership is not prorated and does not roll into the following year. Membership is non-refundable & non-transferrable.

*The following information is required for application processing and approval:*

## **FULL, EARLY CAREER PSYCHOLOGIST, ASSOCIATE MEMBER PROFESSIONAL ETHICS DECLARATION**

1. Have you had any action taken against you by a professional organization or a state licensing agency?  
☐ Yes ☐ No
2. To your knowledge are you presently under investigation by any of the above agencies or organizations?  
☐ Yes ☐ No

## **ASSOCIATE MEMBERS MUST MEET ONE OF THE FOLLOWING REQUIREMENTS**

- ☐ Certified as a school psychologist in New York State. Enclose copy of your current registration certificate.
- ☐ Master's Degree in psychology or completed 2+ years graduate study in psychology. Enclose transcript of graduate study.

Highest Degree \_\_\_\_\_ Date \_\_\_\_\_ Institution \_\_\_\_\_  
Present Employment \_\_\_\_\_ Title \_\_\_\_\_ City/State \_\_\_\_\_  
Primary nature of work \_\_\_\_\_  
Are you in private/independent practice? ☐ Yes: title you use \_\_\_\_\_ ☐ No

## **STUDENT AFFILIATE APPLICANTS\***

Institution \_\_\_\_\_ City/State \_\_\_\_\_  
Current Degree \_\_\_\_\_ Degree Goal \_\_\_\_\_  
Est. Date of Completion \_\_\_\_\_ Program Major \_\_\_\_\_

### **\*Faculty attestation for student applicant required:**

I, (print faculty name & title) \_\_\_\_\_ certify that this applicant is a  
student at (institution name) \_\_\_\_\_  
enrolled in (degree program & major) \_\_\_\_\_

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

## **PROFESSIONAL AFFILIATES APPLICANTS**

Profession & Title \_\_\_\_\_ Highest Degree and field of  
study \_\_\_\_\_ Institution name \_\_\_\_\_

Please tell us why you want to join NYSPA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PROCEED TO NEXT PAGE FOR PAYMENT**

Memberships are effective upon acceptance (usually within two weeks of application) through December 31, 2024.  
Please contact our office at (518) 437-1040 or [nyspa@nyspa.org](mailto:nyspa@nyspa.org) if you have any questions.

Payment information must be submitted with application.

Select application membership class for which you are applying:

- ☐ \$315 Full Member reinstatement (member within the past 5 years)
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- ☐ \$ 35 Student Member
- ☐ \$ 40 Professional Affiliate Member

Amount Due: \$ \_\_\_\_\_

☐ Check Enclosed    ☐ Please charge my Credit Card:

Card Type:    ☐ American Express            ☐ MasterCard            ☐ Visa            ☐ Discover

Name on card \_\_\_\_\_

Card number \_\_\_\_\_ CVV Code \_\_\_\_\_ Expiration\_\_\_\_\_

Card authorizing signature \_\_\_\_\_

**I agree to subscribe to the purposes of the Association and to maintain its ethical standards of professional conduct as set forth by the American Psychological Association.**

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

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