

# TPA MEMBERSHIP CATEGORIES

## DOCTORAL

Requires a **doctoral degree** in psychology conferred by a regionally accredited graduate school, or doctoral level licensure by Texas State Board of Examiners of Psychologists (TSBEP). *\*If you are new to this category and not licensed by TSBEP, you must provide a transcript of your college graduate work.*

**Platinum Advocate:** Platinum membership affords added benefits and resources including: Discounted (50%) convention registration fee, one online PD program up to 3 hours reimbursed up to \$75, FREE Doctor Locator Service subscription, special badging during convention, recognition in TPA publications and website, as well as unlimited phone consultation with Sam Houston, attorney.

**Doctoral Full:** Requires a **doctoral degree** in psychology **earned more than 7 years ago**.

**Recent Graduate:** Requires a **doctoral degree** in psychology **earned within the past 7 years**.

**Semi-Retired or Disabled:** Requires member to be at least 66 years old and/or disabled, working fewer than 20 hours per week.

**Non-Resident:** Requires residency outside Texas.

**Active Duty Military:** Requires active duty military/service.

**Life:** Requires member to be 65 years or older and fully retired and have been a member of TPA for 10 or more continuous years.

**Psychological Researcher-** Requires a doctoral degree in psychology and/or neuroscience which was conferred by an accredited graduate school. You must NOT be licensed to practice as a psychologist.

## ASSOCIATE

Requires a **Master's degree** in psychology which was conferred by an accredited graduate school, or master's level licensure by Texas State Board of Examiners of Psychologists (TSBEP). *\*If you are new to this category and not licensed by TSBEP, you must provide a transcript of your college graduate work.*

**Associate Full:** Requires a **Master's degree** in psychology **earned more than 7 years ago**.

**Recent Graduate:** Requires a **Master's degree** in psychology **earned within the past 7 years**.

**Non-Resident:** Requires residency outside Texas.

**Active Duty Military:** Requires active duty military/service.

## STUDENT

Requires current enrollment in a graduate or undergraduate program, in an accredited college or university, leading to a degree in psychology. Proof of current enrollment required (letter from a faculty advisor or copy of current semester paid tuition receipt.)

**Renewal/application is not complete without proof of current enrollment.**

## PRE-DOCTORAL INTERN

Requires written proof from supervisor/employer before membership will be activated. A brief letter/note from your supervisor/employer indicating your status is required to be eligible for this category. Upon licensure, regular member rates will apply.

## POST-DOCTORAL FELLOW

Requires written proof from supervisor/employer before membership will be activated. A brief letter/note from your supervisor/employer indicating your status is required to be eligible for this category. Upon licensure, regular member rates will apply.

TEXAS PSYCHOLOGICAL ASSOCIATION  
2019 MEMBERSHIP APPLICATION/RENEWAL

**STEP 1: Contact Information (Required)**

**\*\*DUE: January 1, 2019\***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Preferred Mailing Address: Home \_\_\_\_\_ Office \_\_\_\_\_ Referred by: \_\_\_\_\_ Degree Year: \_\_\_\_\_

Home Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_ TSBE License #: \_\_\_\_\_

Legislative District: House: \_\_\_\_\_ Senate: \_\_\_\_\_

**STEP 2: Select Your Membership Category (Required)**

**DOCTORAL MEMBERSHIPS:**

- **Platinum Advocate** \_\_\_\_\_ \$50/month \_\_\_\_\_ \$600.00/year
- **Doctoral Full** \_\_\_\_\_ \$28.83/month \_\_\_\_\_ \$346.00/year
- **Recent Graduate** \_\_\_\_\_ \$14.42/month \_\_\_\_\_ \$173.00/year
- **Semi-Retired** \_\_\_\_\_ \$14.42/month \_\_\_\_\_ \$173.00/year
- **Disabled** \_\_\_\_\_ \$14.42/month \_\_\_\_\_ \$173.00/year
- **Non-Resident** \_\_\_\_\_ \$14.42/month \_\_\_\_\_ \$173.00/year
- **Psychological Researcher** \_\_\_\_\_ \$10.50/month \_\_\_\_\_ \$125.00/year
- **Active Duty Military** \_\_\_\_\_ \$25.00/year
- **Life** \_\_\_\_\_ \$25.00/year

**STUDENT, PRE-DOCTORAL INTERN & POST-DOCTORAL FELLOW MEMBERSHIPS:**

- **Student** \_\_\_\_\_ \$10.00/year
- **Pre-Doctoral Intern** \_\_\_\_\_ \$10.00/year
- **Post-Doctoral Fellow** \_\_\_\_\_ \$10.00/year

*\*If you are renewing and experiencing extreme financial and/or medical difficulties and would like to apply for Special Consideration Dues status, please attach a letter and \$25.00 payment to this form. This status is not available to members who are applying for membership.*



**ASSOCIATE MEMBERSHIPS:**

- **Associate Full** \_\_\_\_\_ \$12.08/month \_\_\_\_\_ \$145.00/year
- **Recent Graduate** \_\_\_\_\_ \$6.04/month \_\_\_\_\_ \$72.50/year
- **Non-Resident** \_\_\_\_\_ \$6.04/month \_\_\_\_\_ \$72.50/year
- **Active Duty Military** \_\_\_\_\_ \$25.00/year
- **Life** \_\_\_\_\_ \$25.00/year

**STEP 3: Select Optional Contributions**

**TPA- PAC**

(All who contribute \$100 or more are eligible to vote in TPA- PAC elections)

- \_\_\_\_\_ \$1,000 Platinum Member
- \_\_\_\_\_ \$500 Gold Member
- \_\_\_\_\_ \$250 Silver Member
- \_\_\_\_\_ \$100 Voting Member
- \_\_\_\_\_ \$ \_\_\_\_\_ Other
- \_\_\_\_\_ \$ \_\_\_\_\_ Monthly

**Texas Psychological Foundation**

(All contributions are tax deductible)

- \_\_\_\_\_ \$250+ Hero
- \_\_\_\_\_ \$100+ Friend
- \_\_\_\_\_ < \$100 Donor
- \_\_\_\_\_ \$ \_\_\_\_\_ Other
- \_\_\_\_\_ \$ \_\_\_\_\_ Monthly

**Legal & Legislative Advocacy**

(These funds are earmarked solely for advocating and defending the doctoral degree as the entry level into the profession of psychology.)

- \_\_\_\_\_ \$100 Donor
- \_\_\_\_\_ \$ \_\_\_\_\_ Other
- \_\_\_\_\_ \$ \_\_\_\_\_ Monthly

**STEP 4: Select Optional Division & Special Interest Group membership**

*\*Must be completed annually for inclusion.*

**DIVISIONS**

- \_\_\_\_\_ Aging
- \_\_\_\_\_ Disaster Response Network
- \_\_\_\_\_ Social Justice
- \_\_\_\_\_ Military
- \_\_\_\_\_ Neuropsychology
- \_\_\_\_\_ Forensic Practice (\$10)
- \_\_\_\_\_ Psychologists in Schools (\$10)
- \_\_\_\_\_ Psychology of Women (\$10)
- \_\_\_\_\_ Psychopharmacology (\$10)
- \_\_\_\_\_ Psychology of Diversity (\$10)

**SPECIAL INTEREST GROUPS**

- \_\_\_\_\_ Bi-National Issues (US/Mexico)
- \_\_\_\_\_ Child/Adolescent Issues
- \_\_\_\_\_ Early Career Psychologists (fewer than 7 years in practice)
- \_\_\_\_\_ LGBT Issues
- \_\_\_\_\_ Intellectual and Developmental Disabilities

# TEXAS PSYCHOLOGICAL ASSOCIATION 2019 MEMBERSHIP APPLICATION

## STEP 5: Select Optional Doctor Locator Service\* (\$25.00/year) \*Included with Platinum Advocate membership.

This section is to be completed only by TSBEP Licensed Psychologists who wish to participate in TPA's Doctor Locator Service.

### Choose your TOP SIX specialties/general areas to best reflect your professional services

*\*If more than six are chosen, only the first six will be listed in your profile.*

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Academic/Research Settings             | <input type="checkbox"/> Couples Counseling             | <input type="checkbox"/> Learning Disabilities           | <input type="checkbox"/> Phobias                |
| <input type="checkbox"/> ADD/ADHD                               | <input type="checkbox"/> Crisis Intervention            | <input type="checkbox"/> LGBT Issues                     | <input type="checkbox"/> Postpartum Issues      |
| <input type="checkbox"/> Aging/Gerontology                      | <input type="checkbox"/> Deaf/Hearing Impaired          | <input type="checkbox"/> Life/Executive Coaching         | <input type="checkbox"/> Psych Assessments      |
| <input type="checkbox"/> AIDS                                   | <input type="checkbox"/> Dementia/Memory                | <input type="checkbox"/> Loneliness                      | <input type="checkbox"/> Rehabilitation         |
| <input type="checkbox"/> Addictions/Substance Abuse             | <input type="checkbox"/> Depression/Mood                | <input type="checkbox"/> Medical/Health Psychology       | <input type="checkbox"/> School Problems        |
| <input type="checkbox"/> Anxiety/Panic/Phobia                   | <input type="checkbox"/> Developmental/ID               | <input type="checkbox"/> Men's Issues                    | <input type="checkbox"/> Schizophrenia          |
| <input type="checkbox"/> Anger Mgmt./Impulse Control            | <input type="checkbox"/> Disability Determination       | <input type="checkbox"/> Mid-Life Transitions            | <input type="checkbox"/> Serious Mental Illness |
| <input type="checkbox"/> Assault/Rape                           | <input type="checkbox"/> Dissociative Identity Disorder | <input type="checkbox"/> Multicultural Issues            | <input type="checkbox"/> Sexual Problems        |
| <input type="checkbox"/> Autism/Asperger's                      | <input type="checkbox"/> Divorce/Relationships          | <input type="checkbox"/> Neuropsychology                 | <input type="checkbox"/> Sleep Disorders        |
| <input type="checkbox"/> Body Dysmorphic Disorder               | <input type="checkbox"/> Domestic Violence              | <input type="checkbox"/> Obsessive-Compulsive Dis.       | <input type="checkbox"/> Smoking Cessation      |
| <input type="checkbox"/> Bipolar/Mania                          | <input type="checkbox"/> Eating Disorders               | <input type="checkbox"/> Organizational Development      | <input type="checkbox"/> Spiritual Issues       |
| <input type="checkbox"/> Brain Injury                           | <input type="checkbox"/> Elder Care                     | <input type="checkbox"/> Pain Management                 | <input type="checkbox"/> Sports Psychology      |
| <input type="checkbox"/> Career/Vocational                      | <input type="checkbox"/> Forensic Psychology            | <input type="checkbox"/> Panic Attacks                   | <input type="checkbox"/> Stress Management      |
| <input type="checkbox"/> Child/Adolescent Behavior              | <input type="checkbox"/> Gambling                       | <input type="checkbox"/> Parenting/Family                | <input type="checkbox"/> Suicide                |
| <input type="checkbox"/> Child Custody Evaluation               | <input type="checkbox"/> Grief and Loss                 | <input type="checkbox"/> Personality Disorder/Borderline | <input type="checkbox"/> Teaching               |
| <input type="checkbox"/> Chronic Illness                        | <input type="checkbox"/> Hoarding                       | <input type="checkbox"/> PTSD/Trauma/Abuse               | <input type="checkbox"/> Weight Control         |
| <input type="checkbox"/> Consultation/Industrial-Organizational | <input type="checkbox"/> Immigration Issues             | <input type="checkbox"/> Physical Disability             | <input type="checkbox"/> Women's Issues         |
|   |   |  | <input type="checkbox"/> Other _____            |

### Languages (Proficient in) \*Choose all that apply:

- |   |                                    |                                     |                                      |
|---|------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> American Indian        | <input type="checkbox"/> German    | <input type="checkbox"/> Korean     | <input type="checkbox"/> Somali      |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hebrew    | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Spanish     |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Hindi     | <input type="checkbox"/> Polish     | <input type="checkbox"/> Vietnamese  |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yiddish     |
| <input type="checkbox"/> English                | <input type="checkbox"/> Italian   | <input type="checkbox"/> Russian    | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Japanese  | <input type="checkbox"/> Samoan     |                                      |

### Do you accept Sliding Scale?

- Yes  
 No

### Evaluations Offered: \*Choose all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Competency to Stand Trial              | <input type="checkbox"/> Neuropsychological        |
| <input type="checkbox"/> Custody                                | <input type="checkbox"/> Psychological             |
| <input type="checkbox"/> Educational/ADHD/Learning Disabilities | <input type="checkbox"/> Sanity                    |
| <input type="checkbox"/> Forensic/Legal                         | <input type="checkbox"/> Tort                      |
| <input type="checkbox"/> Immigration                            | <input type="checkbox"/> Transplant/Gastric Bypass |
| <input type="checkbox"/> Juvenile                               | <input type="checkbox"/> Worker's Compensation     |

### Client's Ages Served: \*Choose all that apply

- |  |
|--|
| <input type="checkbox"/> Infants       |
| <input type="checkbox"/> Children      |
| <input type="checkbox"/> Adolescents   |
| <input type="checkbox"/> Adults        |
| <input type="checkbox"/> Senior Adults |

### Insurance Accepted: \*Choose all that apply

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Aetna                  | <input type="checkbox"/> Corp Health            | <input type="checkbox"/> Medicare - Children        | <input type="checkbox"/> Secure Horizons          |
| <input type="checkbox"/> AHP                    | <input type="checkbox"/> Coventry               | <input type="checkbox"/> MultiPlan                  | <input type="checkbox"/> Seton                    |
| <input type="checkbox"/> APS Health             | <input type="checkbox"/> GEHA                   | <input type="checkbox"/> One Health                 | <input type="checkbox"/> Texas True Choice        |
| <input type="checkbox"/> Beech Street           | <input type="checkbox"/> Great West             | <input type="checkbox"/> Optum Health               | <input type="checkbox"/> Today's Options          |
| <input type="checkbox"/> BeneSys                | <input type="checkbox"/> Health Smart           | <input type="checkbox"/> Pacificare                 | <input type="checkbox"/> Tricare                  |
| <input type="checkbox"/> Blue Cross Blue Shield | <input type="checkbox"/> Humana                 | <input type="checkbox"/> Pacific Source             | <input type="checkbox"/> Unicare                  |
| <input type="checkbox"/> California/Life Era    | <input type="checkbox"/> Interplan              | <input type="checkbox"/> PPO Next                   | <input type="checkbox"/> United Behavioral Health |
| <input type="checkbox"/> CAPP                   | <input type="checkbox"/> Magellan               | <input type="checkbox"/> Preferred Health Network   | <input type="checkbox"/> United Healthcare        |
| <input type="checkbox"/> Cigna                  | <input type="checkbox"/> Managed Health Network | <input type="checkbox"/> Private Healthcare Systems | <input type="checkbox"/> USA Managed Care         |
| <input type="checkbox"/> CommPsych              | <input type="checkbox"/> Medicaid               | <input type="checkbox"/> Providence                 | <input type="checkbox"/> Value Options            |
|   | <input type="checkbox"/> Medicare -Adults       | <input type="checkbox"/> Reliant Behavioral Health  | <input type="checkbox"/> Other _____              |

## STEP 6: Method of Payment (Required) Master Card Visa AmEx Discover Check/ACH

Calculate Your Payment	
TPA Dues(Annual or Monthly)	\$ _____
TPA Political Action Committee	\$ _____
Texas Psychological Foundation	\$ _____
Legal & Legislative	\$ _____
Advocacy	\$ _____
Division Dues	\$ _____
Doctor Locator Service	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

**\*Automatic Monthly \_\_\_\_\_ Annual Draft \_\_\_\_\_** I authorize TPA to automatically draft my credit card or bank account listed below for 2019 dues and annually thereafter for the same member level and categories charged for 2019. I wish to continue said draft for the duration of my membership until I notify TPA in writing that I wish to discontinue said drafts.

Signature: \_\_\_\_\_

**Payment in Full:** I am paying in full for 2019 via check enclosed or credit card listed below. Initials \_\_\_\_\_

**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**-OR-**

**Bank Routing Number:** \_\_\_\_\_

**Bank Account Number:** \_\_\_\_\_

**PLEASE NOTE: Dues to TPA are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion of dues are not deductible as an ordinary and necessary business expense to the extent that TPA engages in lobbying. The deductible portion is 82%.**