



# Arizona Association of School Psychologists

10221 N. 32nd Street Suite D, Phoenix, Arizona 85028-3849  
602-992-0554 • 602-996-2330-fax • www.aasp-az.org

## NEW MEMBERSHIP APPLICATION JULY 1, 2009– JUNE 30, 2010

Thank you for applying for membership in AASP. This form is to be used for new applicants, or if your membership has been lapsed more than 2 years. Current AASP members should use the Membership Renewal form. Please attach a check for the appropriate amount payable to the Arizona Association of School Psychologists. PURCHASE ORDERS ARE NOT ACCEPTED. Mail your application to the address above.

**In order to apply for full membership status, you must include a copy of your Arizona Department of Education School Psychologist Certificate.**

Full Member \$75     Student Member \$40     Associate Member \$75     Retired Member \$40

Dr.     Mr.     Mrs.     Ms. Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Other phone \_\_\_\_\_

Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Fax \_\_\_\_\_

Email \_\_\_\_\_ Are you the lead psychologist for your district?  Yes  No

Preferred Mailing Address  Work  Home  I do not wish this email address to be added to the listserv.

I do not wish to have my information printed in the AASP Directory, which is distributed only to AASP members.

### EDUCATION

Degree                      Area of Study                      University                      Graduation Date

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### EXPERIENCE

Title                                      Employer                                      Date

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I have included a copy of my Arizona School Psychologist Certificate.     N/A

#### **Student applicants must complete the following:**

*I verify that the person named above is enrolled in a full-time training program leading to a credential in school psychology.*

Signature of Advisor/Professor \_\_\_\_\_

Date \_\_\_\_\_ Institution \_\_\_\_\_

### OPTIONAL ADDITIONAL INFORMATION

Are you Multilingual?  Yes  No    Which Language(s)? \_\_\_\_\_

Are you a Nationally Certified School Psychologist (NCSP)?  Yes  No    (continued)

**Primary Work Setting:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Preschool      | <input type="checkbox"/> Elementary      | <input type="checkbox"/> Middle School    |
| <input type="checkbox"/> Secondary      | <input type="checkbox"/> Alternative     | <input type="checkbox"/> University       |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Hospital/Clinic | <input type="checkbox"/> Private Practice |

**Licensure:**

- |   |  |
|---|--|
| <input type="checkbox"/> Psychologist/AZBPE | <input type="checkbox"/> Counselor/PCL |
|---|--|

**Participation in AASP:**

I would like to participate on a committee.

- Yes, call me @ \_\_\_\_\_  Not at this time

Area of committee interest:

- |   |  |
|---|--|
| <input type="checkbox"/> Communications           | <input type="checkbox"/> Ethics and Professional Standards |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Child and Family Advocacy         |
| <input type="checkbox"/> Other: _____             |  |

I would like to be considered for a leadership position in AASP.

**Biographical/Demographical:**

- Age:  20-30     31-40     41-50     51-60     over 60
- Gender:             Female     Male

**Ethnicity:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native   | <input type="checkbox"/> Puerto Rican          |
| <input type="checkbox"/> Asian-American or Pacific Islander | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Black/African-American             | <input type="checkbox"/> White/Caucasian       |
| <input type="checkbox"/> Chicano/Mexican-American           | <input type="checkbox"/> Other _____           |