



# Arizona Association of School Psychologists

10221 N. 32nd Street Suite D, Phoenix, Arizona 85028  
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## MEMBERSHIP RENEWAL FORM— JULY 1, 2011– JUNE 30, 2012

Thank you for renewing your membership in AASP. If your membership has lapsed more than two years, or if you will be a full member for the first time, please use the New Membership Application. 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. Renewal is also available on-line. Click on Membership.

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

**\*Student 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

#### 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:**                       Psychologist/AZBPE                       Counselor/PCL

(continued)

**Participation in AASP:**

I would like to participate in a committee.

Yes, call me @ \_\_\_\_\_

Not at this time

Area of committee interest:

Communications

Ethics and Professional Standards

Professional Development

Child and Family Advocacy

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:**

American Indian or Alaska Native

Puerto Rican

Asian-American or Pacific Islander

Other Hispanic/Latino

Black/African-American

White/Caucasian

Chicano/Mexican-American

Other \_\_\_\_\_