



Arizona Association of School Psychologists

107 S. Southgate Dr. Chandler, AZ 85226
P: 602-992-0554 • F: 480-893-7775 • www.aasp-az.org

MEMBERSHIP RENEWAL FORM: JULY 1, 2019 – JUNE 30, 2020

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. Mail your application to the address above.

Renewal is also available online. Click on Membership.

- Full Member \$75
 Associate Member \$75
 Retired Member \$37.50
 Student Member \$37.50
 Student Associate Member \$37.50

Dr. Mr. Mrs. Ms. Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Other Phone: _____

Employer: _____ Position/Title: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ 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 shared in the AASP Directory online, which is available only to AASP members.

Student and Student Associate 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: _____

EDUCATION

Degree	Area of Study	University	Graduation Date
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OPTIONAL ADDITIONAL INFORMATION

Participation in AASP:

If you are interested in volunteering for AASP, please visit our website (www.aasp-az.org) and contact the Committee Chairperson in your area of interest.

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:

- Psychologist/AZBPE Counselor/PCL

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: _____ |