



Arizona Association of School Psychologists

1800 E. Ray Rd., STE A106, Chandler, AZ 85225
P: 602-992-0554 • F: 480-935-5270 • www.aasp-az.org

NEW MEMBERSHIP VERIFICATION FORM: JULY 1, 2024 – JUNE 30, 2025

Thank you for applying for membership with AASP.

This form is to be used for Student Associate membership applicants.
You must also renew and pay renewal dues [here](#).

This completed form can be emailed to admin@aasp-az.org
or faxed to 480-935-5270.

Name of Student: _____

Student Associate members must have a university advisor or internship supervisor check one of the following and complete fields below:

- I verify that the person named above is an undergraduate student interested in school psychology.*

- I verify that the person named above is a graduate student **not enrolled** in a school psychology program, but is enrolled at least one-half time or minimum of six semester hours per semester.*

Signature of Advisor/Professor: _____

Date: _____

Institution: _____

Once completed form is received, membership will be reviewed.
You will receive an email notification upon approval.
Please contact Administration with any questions at admin@aasp-az.org or 602-992-0554.