

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 new student membership applicants. You must also submit an online application <u>here</u>.

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

Name of Student: _____

Student applicants must have a university advisor or internship supervisor complete the following:

I verify that the person named above is enrolled in a school psychology training program at least half-time (at least six semester hours), or its equivalent per semester.

*Students in their internship year (e.g., 1-5 semester hours for the internship year) also qualify.

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 <u>admin@aasp-az.org</u> or 602-992-0554.