



Arizona Association of School Psychologists

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

NEW MEMBERSHIP APPLICATION: JULY 1, 2021 – JUNE 30, 2022

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. 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
 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.

EDUCATION

| Degree | Area of Study | University | Graduation Date |
|--------|---------------|------------|-----------------|
|--------|---------------|------------|-----------------|

EXPERIENCE

| Title | Employer | Date |
|-------|----------|------|
|-------|----------|------|

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

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: _____ (continued)

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

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: _____ |