



# 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, 2020 – JUNE 30, 2021

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: _____          |