

San Mateo County Psychological Association S M C P A

P.O. Box 1486
Burlingame, CA 94011-1486
www.smcpa.org

NEW MEMBER APPLICATION FORM

Name: _____ Title: _____

Office Address: _____ Phone: _____

_____ Fax: _____

Home Address: _____ Phone: _____

_____ Email: _____

Preferred Mailing Address: Office: _____ Home: _____

Website: _____ Please contact our current Website
Chair via email to have your website connected (for a small fee) to our chapter site, www.smcpa.org.

Full Membership Requirements:

Doctorate in Psychology and license as a psychologist in the State of California or Diplomat of the American Board of Professional Psychology. (Licensed Educational Psychologists are accepted on the same basis as Licensed Psychologists). We follow the guidelines of the California Psychological Association (CPA).

Institution: _____ Date Granted: _____

California License #: _____ Expiration Date: _____

Please check if Diplomat of the American Board of Professional Psychology: _____

Associate Membership Requirements:

Master's Degree in Psychology or the equivalent

Institution: _____ Date Granted: _____

Student Membership Requirements:

Student members are matriculating students in a psychology graduate program, or postdoctoral fellows in an organized psychology training program within a clinic, hospital, industrial or university setting.

Life Membership Requirements:

Life Membership shall include those individuals 65 or older who have held membership in the Association for 20 years or more, or who, regardless of age or length of participation, are adjudged to be totally and permanently disabled. Life Members retain the rights and privileges of SMCPA of the class and membership held prior to becoming Life Members.

Additional Information:

APA Member: _____ Divisions(s): _____

CPA Member: _____ Division(s) and Other Chapters: _____

Other Professional Affiliations: _____

For referral purposes, we are including on the membership roster, information on populations served and specialties. Please check the populations that you serve:

Adults (A) _____ Adolescents (Ad) _____ Children(C) _____ Couple Counseling (CC) _____
Groups _____ Family Therapy (F) _____

Specialties:

Sponsor Statements:

The following two psychologists, who belong to APA, CPA or SMCPA, are acquainted with my work and sponsor my application.

Sponsor signature: _____ Name: _____

Sponsor signature: _____ Name: _____

Professional Ethics Declaration:

Have you had any action taken against you by a professional organization, a state-licensing agency, or have you been a defendant in a civil action relevant to professional conduct? Yes _____ No _____

To your knowledge, are you presently under investigation by any of the above agencies or organizations? Yes _____ No _____

If answer is "yes" to items 1 or 2 above, explain the circumstances giving dates and outcome on a separate sheet.

I agree to abide by the Code of Ethics of the San Mateo County Psychological Association which has adopted the Code of Ethics of the American Psychological Association.

(Applicants Signature)

(Date)

Return application with Annual Dues (Members **\$150**; New Members **\$100** for the first year; Associates **\$50**; Students **\$0**; Life Membership **\$0**). Make checks payable to San Mateo County Psychological Association (**SMCPA**) and return to:

**Membership Chair
San Mateo County Psychological Association
P. O. Box 1486
Burlingame, CA 94011-1486**