

San Mateo County  
Psychological Association  
S M C P A

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

**MEMBER RENEWAL APPLICATION FORM**

**(Deadline is December 15 of each calendar year)**

Today's Date: \_\_\_\_\_ Year of Membership Renewal : \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Preferred Mailing Address: Office: \_\_\_\_\_ Home: \_\_\_\_\_ License #: \_\_\_\_\_

CPA Member: \_\_\_Yes \_\_\_No

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.

**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 agency or organization?

Yes \_\_\_\_\_ No \_\_\_\_\_

If answer is "yes" to items 1 or 2 above, please 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.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**For Referral purposes, we are including on the membership roster information on populations served and specialties. If your information is unchanged, please disregard this portion. If you would like to make a change and or additions, please check below the populations which you serve.**

Adults (A) \_\_\_\_\_ Adolescents (Ad) \_\_\_\_\_ Children (C) \_\_\_\_\_ Couple Counseling (CC) \_\_\_\_\_  
Family Therapy (F) \_\_\_\_\_ Groups (G) \_\_\_\_\_

Specialties:

_____	_____
_____	_____
_____	_____

**Dues:**

- **Full Membership: \$150** (Licensed Psychologists)
- **Associate Membership: \$50** (Masters Degree in psychology or the equivalent)
- **Student Membership: \$0** (Student members are matriculating students in psychology graduate programs, or post doctoral fellows in an organized psychology training program with a clinic, hospital, industrial or university setting)
- **Life Membership: \$0** 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.
- **Information and Referral Service (I and R):**  
If you have been a member of SMCPA for a full year and are a licensed psychologist **and** member of the California Psychological Association (CPA), you are welcome to join our Information and Referral Panel. This is a service to the inhabitants of San Mateo County. Members are not charged a fee to join and agree to answer the phone for approximately 10 days, giving information and referrals to interested callers. This has been a long standing tradition that our psychologists have honored as a public service and as a means of marketing their practices. (See separate application on last page for inclusion in the Information and Referral Service of SMCPA).

Please send this application and your check (made out to **SMCPA**) for Membership Renewal by **December 15** of each calendar year (after this date include a **\$25** late fee) to:

**SMCPA  
P. O. Box 1486  
Burlingame, CA 94011-1486**

## INFORMATION AND REFERRAL (I and R) MEMBER APPLICATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ZIP: \_\_\_\_\_ Telephone(s): \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPA Member #: \_\_\_\_\_

How long a member of SMCPA? \_\_\_\_\_

I am willing to service a **10 day** tour of telephone duty per year: Yes \_\_\_\_\_ No \_\_\_\_\_

Keep current tour of duty dates: Yes \_\_\_\_\_ No \_\_\_\_\_

New Applicants: What week you **CANNOT** do tour of duty: \_\_\_\_\_

Initial Application \_\_\_\_\_ or Renewal \_\_\_\_\_

Are you currently a defendant in a professional malpractice litigation proceeding?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain on the reverse side of this application

### **Contract for participation in the Information and Referral Service of the San Mateo County Psychological Association (SMCPA)**

**I acknowledge by my signature here that I have read and agree to comply with the Policy and Procedural Code of the Information and Referral Service of SMCPA. This contract will remain in effect for the current service year which is from January 1 through December 31. If at any time during the service year I wish to revoke this agreement, I understand I must submit a written request to the I and R Chairperson stating the date I intend to terminate my participation on the I and R service.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Reminder, please enclose:**

- Completed Application
- Copy of Professional Liability Insurance
- Confirmation of CPA Membership or bring such confirmation to the annual I and R meeting in January

Complete the above application and mail no later than **November 15** to:

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

**NOTE: You will be contacted by the I and R chair, and will be mailed a "Specialty Area Checklist" which should be returned and will be reproduced in the booklet used by other I and R psychologists.**