

*Membership year runs from: July 1st 2010 to June 30th 2011

MEMBERSHIP#: _____

PLEASE PRINT

Name: _____
(First Name) (Last Name) (Maiden Name)

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Work Phone: _____ License/Certification #: _____

Primary Email: _____

*Additional Email: _____

*FASP may need to contact you during summer and school holidays.

_____ **Joining** FASP for the 1st time ☺ **OR** _____ **Renewing** Membership ☺

* Please place a check on the line if you do NOT wish to allow students in school psychology programs to have access to your contact information for research purposes _____

* Please place a check on the line if you do NOT wish to share your contact information on the Members Only section of the FASP website? _____

* Please place a check on the line if you do NOT wish to share your contact information with test/book publishers and/or educational organizations? _____

*Employer: _____ County of Employment: _____

*Language Fluency: _____ Are you a member of NASP? **YES OR NO**

FOR STUDENTS ONLY:

I am currently a student enrolled in a school psychology program _____ YES _____ NO

I attend: _____ (college name)

Program Director/Internship Supervisor signature is required for student rate: _____
(signature of Supervisor)

<u>Role:</u> (Check all that apply)	<u>Employment:</u>	<u>Ages served:</u>
___ 1. School Psychologist	___ 10. Public School	___ 17. Preschool
___ 2. Bi-Lingual School Psychologist	___ 11. Private School	___ 18. Elementary School
___ 3. Supervisor	___ 12. Residential Institution	___ 19. Middle School
___ 4. Administrator	___ 13. Private Practice	___ 20. High School
___ 5. Trainer/Educator	___ 14. Mental Health Agency	___ 21. Post-Secondary
___ 6. Clinical Psychologist	___ 15. College/University	___ 22. ALL OF THE ABOVE (or combo.)
___ 7. Counselor	___ 16. Other: _____	
___ 8. Consultant		
___ 9. Other: _____		

Check as many **FASP interest Groups** as you wish to belong:

___ 1. Crisis Intervention	___ 5. Low Incidence Handicaps	___ 8. Computer Technology
___ 2. Organizational Change	___ 6. Cultural and Linguistic Diversity	___ 9. Early Childhood
___ 3. Social and Emotional	___ 7. Neuropsychology	___ 10. Retired School Psychologists
___ 4. Private Practice/Alternative Sett		

2010-2011

2010-2011

Membership Categories:

Regular Member: Those eligible for regular membership are those who are certified or licensed by the state of Florida as a school psychologist, are nationally certified as an NCSP or are primarily engaged in training of school psychologists at an accredited college or university.

Past Presidents: exemptions from dues are limited to three years after their presidency year.

Transition Member: *(NEW) Those eligible for transition membership are those who have graduated from a School Psychology program and held Student membership the previous year. Transition members would be eligible for half the regular dues and the status would be valid for one year.

Student Member: Those eligible for student membership are those who are actively engaged one-half time or more in a formal school psychology program, at a regionally accredited college or university, and who currently are not employed as a school psychologist. Annual certification/verification of student status is required. This certification/verification shall be completed by the student's program director on this form.

Associate Regular/Associate Student Member: Those eligible for associate membership are those who do not meet eligibility requirements for any of the preceding categories of membership, but who are interested in or associated with the field of school psychology. Those living/working outside Florida pay ten dollars less than regular member.

Retired Member: Those eligible for retired membership are those who have held regular membership in FASP for 5 years and have retired from remunerative employment in school psychology or related services. I certify that I meet the criteria for retired status.

_____ (signature)

**Please note that 75% of your membership dues paid to FASP, Inc. are non tax-deductible due to the Association's involvement in lobbying and political activity attempting to influence legislation.*

Please check the FASP Membership Category for which you are applying:

\$80.00 Past President (see note above for exemption)

\$80.00 Regular Member (living/working in FL)

\$80.00 Associate Regular Member (living/working in FL)

\$70.00 Regular Member (living/working **outside FL**)

\$70.00 Associate Regular Member (living/ working **outside FL**)

\$40.00 Transition Member*(NEW)

\$30.00 Retired Member

\$20.00 Student Member (**verification required**)

\$20.00 Associate Student Member (**verification required**)

Please check the CSFI(Children's Services Fund) level for which you would like to contribute:

\$50.00+ Big Apple

\$30.00 Golden Apple

\$20.00 Red Apple

\$10.00 Green Apple

\$ 5.00 **Apple Blossom** (for students ONLY)**

None at this time

TOTAL AMOUNT DUE with this Application
\$ _____

Please make your check or money order payable to **FASP** or provide your credit card information (we accept **MasterCard** and **Visa**). Unpaid purchase orders are not acceptable for dues payments.

Credit Card Information:

Visa OR **MasterCard** (No Discover/AMEX)

_____ (13 or 16 digit credit card number)

___ / ___ (Month/Year of Expiration)

_____ (Signature as name appears on the card)

Please check the CCE Membership Category for which you like to apply:

The Committee of Continuous Existence (CCE) is a form of Political Action Committee (PAC). This committee constitutes a way for FASP to contribute to individuals seeking any political office and support legislation that benefits children and/or school psychology.

<input type="checkbox"/> \$ 15.00	Bronze Member
<input type="checkbox"/> \$ 16.00 to \$ 50.00	Silver Member
<input type="checkbox"/> \$ 51.00 to \$100.00	Gold Member
<input type="checkbox"/> \$101.00 to \$500.00	Platinum Member
<input type="checkbox"/> \$501.00 or more	Diamond Member



By signing below, you affirm that the information provided in this application is accurate and that you meet the eligibility requirements for the membership category requested. Further, you agree to abide by the Ethics and Standards of Practice for FASP and NASP.

_____ **Signature** _____ **Date Signed**