



**Connecticut Psychological Association (CPA)**  
**PO Box 915, North Haven, CT 06473-0915**  
**Telephone: (860) 404-0333 ☐ Fax: (203) 234-2852**  
**E-mail: info@connpsych.org ☐ Home Page: www.connpsych.org**

**APPLICATION FOR MEMBERSHIP 2010**

Please print or type and submit this application to CPA at the above address. Application may be made at any time and will be reviewed at the next regular meeting of the Board of Directors following receipt of all materials and dues check or charge card information. After your application is reviewed, you will receive notification if your membership is approved. Applicants for Member status must be Members of the American Psychological Association or meet minimum requirements for APA Member status. Applicants for Associate status must be Associate Members of APA or meet minimum requirements for APA Associate Membership status. Applicants for Student Affiliate must be matriculated students interested in the field of psychology. All applications must be accompanied by payment or charge card information, covering first year's dues plus the non-refundable application fee. Annual dues are given in the schedule below. Note that "licensed" refers to Connecticut licensure as a psychologist, and that previous CPA members are not eligible for the first-year discount.

**Part I (All Applicants)**

Name (First, Initial, Last): \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax: \_\_\_\_\_  
 Business (or college) \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check the address you wish used for CPA Mailings ☐ Business ☐ Home

CT Legislative Districts (go to [www.cga.ct.gov](http://www.cga.ct.gov) to find your districts):  
 \_\_\_\_\_ State Representative \_\_\_\_\_ State Senator  
 \_\_\_\_\_ Congressional District

Optional Demographic Information:  
 Help CPA's leadership better understand the needs of the membership. What is your ethnic heritage?

\_\_ African/Black \_\_ Alaskan Native/Native American \_\_ Asian  
 \_\_ Hawaiian Native/Pacific Islander \_\_ Hispanic/Latino \_\_ European American/Caucasian  
 \_\_ Other \_\_ Please specify: \_\_\_\_\_

What is your gender? \_\_ Female \_\_ Male

**Part II (Applicants for Member and Associate Status ONLY)**

Highest Earned Degree \_\_\_\_\_ Institution \_\_\_\_\_  
 Location of Institution \_\_\_\_\_ Year \_\_\_\_\_  
 Department \_\_\_\_\_ Program \_\_\_\_\_

*Note: If your highest degree was NOT granted by a department of psychology, AND you are not a member of the American Psychological Association, please include a transcript (official or student copy) of your graduate work with this application.*

States in which you are licensed or certified as a psychologist, including license/ certificate number(s): \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, give details on a separate sheet.  
Do you have an ethics violation charge pending anywhere, or have you ever been charged with a legal or ethical violation which resulted in an adverse decision or action, including censure, probation, suspension or revocation of your license?  Yes  No  
If yes, give details on a separate sheet.

How many years, exclusive of training positions, have you been employed or practiced in the field of psychology? \_\_\_\_\_

List your CURRENT positions. If independent practice, list specialties, if any. If present position held less than 1 year, list previous positions also:

<i>Title/Position and Employer</i>	<i>Immediate Supervisor</i>	<i>% Time</i>	<i>Since (yr.)</i>
_____	_____	_____	_____

### Work Setting

Independent Practice  Hospital  Academic Setting  Community Agency  Public/Private Mental Health Center  Insurance Company  Organizational Setting  Other \_\_\_\_\_

### Present membership status in APA:

Fellow  Member  Associate  Appl. Pending  Student Affiliate  None

Year joined APA (approx. OK): \_\_\_\_\_

If you are NOT licensed as a psychologist in Connecticut, AND are NOT an APA member (in the same category for which you are applying for CPA membership), we ask you to provide endorsements from two members of CPA, or one member of CPA and one member of APA. Please list the names and addresses of the individuals to whom you have given the enclosed endorsement forms. If you are not sufficiently familiar with two people who can endorse you, contact the CPA Central Office.

Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_

### Part III (Applicants for Student Affiliate Status ONLY)

Institution in which enrolled \_\_\_\_\_ Year entered \_\_\_\_\_

Certified Full-Time Student?  Yes  No Major Field \_\_\_\_\_

Degree Expected \_\_\_\_\_ Year \_\_\_\_\_

Student Affiliate of APA?  Yes  No

*Applicants for Student Affiliate status who are NOT Student Affiliates of APA are asked to provide one sponsor's endorsement from a member of CPA. If there are no members at your institution, please request sponsorship from the chairperson of your department. Please list your sponsor's name and address here:*

Name and address of sponsor: \_\_\_\_\_

### Part IV (All Applicants)

I hereby certify that the statements made in this application are true and to the best of my knowledge and belief I am making voluntary application to the Connecticut Psychological Association for membership in the category indicated. I agree to be bound by the *Ethical Principles of Psychologists, the Standards for Providers of Psychological Services*, and other standards of professional ethics and practice adopted and published by the American Psychological Association or the Connecticut Psychological Association. I agree to be bound by the Constitution of the Connecticut Psychological Association as it is applicable to me as a member or affiliate. I authorize, whenever it may be deemed appropriate by CPA, the exchange of information concerning my application (before or at any time after action is taken on my application) with the American Psychological Association, other state psychological associations, or state licensing or certifying authorities. I authorize CPA to make inquiries as it deems appropriate in connection with this application for membership, with other individuals, agencies, organizations, or other reference sources as may be appropriate, and I authorize and invite anyone so contacted to respond freely and report fully and frankly any matter which may seem relevant to my application for membership in CPA.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**CHECK APPLICATION CATEGORY: FILL IN DUES AMOUNT**

- Licensed Member - \$325 \_\_\_\_\_
- Early Career Member (doctorate received within  
last seven years) and a First Year CPA Member - \$120 \_\_\_\_\_  
Year Received Doctorate: \_\_\_\_\_
- Unlicensed Member or Outside CT - \$125 \_\_\_\_\_
- Associate Member (not licensed) - \$125 \_\_\_\_\_
- Student Affiliate - \$35 \_\_\_\_\_
- Reinstatement of Membership, add \$45 \_\_\_\_\_
- Please add processing fee - \$3.00 3.00

Make check payable to: Connecticut Psychological Association or CPA  
TOTAL REMITTANCE: \$ \_\_\_\_\_

Or Charge to:  VISA  MasterCard  AMEX Card # \_\_\_\_\_  
Exp Date \_\_\_\_\_ 3 Digit V-Code \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_

**SEND COMPLETED APPLICATIONS TO:**  
Connecticut Psychological Association, P.O. Box 915, North Haven CT 06473-0915;  
Phone: (860) 404-0333 FAX: (860) 673-0819