

Nashville Area Psychological Association

Membership Application/Renewal for _____
Year

Name _____ Degree _____ Date _____

Please provide your mailing address:

Street _____ City _____

State _____ Zip _____ Phone _____

Fax _____

NAPA is moving toward email as a primary communication method. Please provide a current email address.

Email address: _____

Current Job Title: _____

Highest Degree Earned: _____ Year: _____ University: _____

If Licensed in TN: P# _____ PE# _____

Membership Categories and Dues (Check One)

Please refer to membership category descriptions on reverse page

<input type="checkbox"/> Sustaining.....Dues \$80.00	<input type="checkbox"/> Associate Student.....Dues \$10.00
<input type="checkbox"/> Regular.....Dues \$40.00	<input type="checkbox"/> Retired.....No Dues Required
<input type="checkbox"/> Associate Non Student...Dues \$20.00	Please add \$5.00 late fee if paid after April 30th

Payment of dues is representative of agreement to abide by the By-Laws and the following Professional Statement.

Professional Statement

I affirm that I will conduct my professional behavior in an ethical manner, and that I will abide by all rules, by-laws, and procedures of NAPA, and that I will follow the professional standards set by the APA Code of Ethics.

I agree, as a NAPA applicant or current member, to inform the organization's representative [Board Members(s) or membership committee chair] as to the outcome of any ethical investigation in which I may be involved.

Signature _____ Date _____

Please complete reverse side)

If the NAPA Board decided to maintain a membership list for full members with contact information on the NAPA Website, would you like your name, phone number and email listed?

Yes _____ No _____

Please provide the information you would like included:

Name: _____ Phone Number: _____

Email: _____

Membership Criteria

REGULAR MEMBERSHIP (meet at least one of the following):

- A) Member of APA; or,
- B) Member of TPA; or,
- C) Hold a Postgraduate degree in the field of Psychology from a regionally accredited college or university; or,
- D) Hold a certificate or license issued by the Tennessee State Department of Education; or,
- E) Hold a valid license issued by the State of Tennessee to practice psychology as a psychological examiner or psychologist

ASSOCIATE MEMBERSHIP (meet at least one of the following):

- A) Be a student in a graduate program in the field of psychology; or,
- B) Be a professional in the field of psychology or a closely related field dealing with human services; or,
- C) Be working in a psychology area after having two years of graduate work in a regionally accredited college or university

RETIRED MEMBERSHIP (meet both of the following):

- A) Submit in writing a request for retired membership status; and,
- B) Be of age 65 or older, and have worked as a Psychologist, Psychological Examiner, or professional in a relate field for three years prior to retirement

SUSTAINING MEMBERSHIP (meet both of the following):

- A) Meets the requirements for any of the above membership categories; and,
- B) Assists NAPA financially with the designated dues amount

Mail completed applications to: NAPA Membership Committee, P.O. Box 128021, Nashville, TN 37212