

**Please note: ALL fields must be completed.\***

ALL APPLICANTS	
First name: _____	Last name: _____
Mailing address: Street: _____	
City: _____	State/province: _____
Country (if not US): _____ Postal/Zip code: _____	
Email: _____	
Phone (you must supply at least one phone number): <input type="checkbox"/> work _____ <input type="checkbox"/> home _____	

**Please continue with the appropriate membership category below. See reverse for membership criteria.**

MEMBER Applicants	AFFILIATE MEMBER Applicants	STUDENT AFFILIATE Applicants
Status: <input type="checkbox"/> new applicant <input type="checkbox"/> renewal	Status: <input type="checkbox"/> new applicant <input type="checkbox"/> renewal	Status: <input type="checkbox"/> new applicant <input type="checkbox"/> renewal
Highest degree in psychology: <input type="checkbox"/> PhD <input type="checkbox"/> PsyD <input type="checkbox"/> EdD <input type="checkbox"/> Other: _____	Highest degree in psychology: <input type="checkbox"/> PhD <input type="checkbox"/> PsyD <input type="checkbox"/> EdD <input type="checkbox"/> Other: _____	Current degree program: <input type="checkbox"/> PhD <input type="checkbox"/> PsyD <input type="checkbox"/> EdD <input type="checkbox"/> Other: _____
Institution where doctorate was attained: _____	Institution where doctorate was attained: _____	Institution where currently enrolled: _____
Year doctorate attained: _____	Year doctorate attained: _____	Year doctorate expected: _____
<b>Licensure status:</b>	<b>Licensure status:</b>	<b>Licensure intention:</b>
<input type="checkbox"/> licensed in state/province: _____	<input type="checkbox"/> licensed in state/province: _____	<input type="checkbox"/> intend to seek licensure to practice
<input type="checkbox"/> currently preparing for licensure	<input type="checkbox"/> currently preparing for licensure	<input type="checkbox"/> do not intend to seek licensure to practice
Employment status: <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> retired <input type="checkbox"/> unemployed	Employment status: <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> retired <input type="checkbox"/> unemployed	
Practice/work setting(s): <input type="checkbox"/> solo <input type="checkbox"/> group <input type="checkbox"/> academic <input type="checkbox"/> hospital/in-pt <input type="checkbox"/> agency/out-pt <input type="checkbox"/> other	Practice/work setting(s): <input type="checkbox"/> solo <input type="checkbox"/> group <input type="checkbox"/> academic <input type="checkbox"/> hospital/in-pt <input type="checkbox"/> agency/out-pt <input type="checkbox"/> other	
Practice activities: <input type="checkbox"/> therapy <input type="checkbox"/> assessment <input type="checkbox"/> forensics <input type="checkbox"/> consulting <input type="checkbox"/> coaching <input type="checkbox"/> training <input type="checkbox"/> other	Practice activities: <input type="checkbox"/> therapy <input type="checkbox"/> assessment <input type="checkbox"/> forensics <input type="checkbox"/> consulting <input type="checkbox"/> coaching <input type="checkbox"/> training <input type="checkbox"/> other	
APA status: <input type="checkbox"/> member <input type="checkbox"/> fellow		APA status: <input type="checkbox"/> student affiliate <input type="checkbox"/> nonmember
APA member #: _____		APA member #: _____

ALL APPLICANTS		
<p><b>Attestation:</b> In making this application, I subscribe to and will support the Ethical Principles of Psychologists and the Code of Conduct as adopted by the American Psychological Association (see <a href="http://www.apa.org">www.apa.org</a>), irrespective of my membership in APA. I also affirm that the statements made in this application correctly represent my qualifications, and understand that if they do not, my affiliation may be voided.  <input type="checkbox"/> agree <input type="checkbox"/> disagree</p>		
<p><b>DUES: Member:</b> \$65 <input type="checkbox"/> cash <input type="checkbox"/> check credit: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amex</p>	<p><b>Affiliate Member:</b> \$65 <input type="checkbox"/> cash <input type="checkbox"/> check Card #: _____</p>	<p><b>Student Affiliate:</b> \$25 <input type="checkbox"/> cash <input type="checkbox"/> check Exp Date: _____</p>
C/V code: _____	Signature: _____	
<p><b>ALL:</b> Thank you for joining Division 42! You will receive a new member package within the next week to 10 days.</p>		

OPTIONAL: MEMBER DEMOGRAPHICS (FOR STATISTICAL USE ONLY)		
Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> transgender	Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> transgender	Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> transgender
Year of birth: _____	Year of birth: _____	Year of birth: _____
Ethnicity(ies): <input type="checkbox"/> African Am/Black <input type="checkbox"/> American Indian/Native Alaskan/Can. <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other	Ethnicity(ies): <input type="checkbox"/> African Am/Black <input type="checkbox"/> American Indian/Native Alaskan/Can. <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other	Ethnicity(ies): <input type="checkbox"/> African Am/Black <input type="checkbox"/> American Indian/Native Alaskan/Can. <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other



## DIVISION 42 MEMBERSHIP CATEGORIES

**By joining Division 42, you will be gaining a lifelong partner in your practice ventures.** Whether you are a graduate student looking ahead, an early career psychologist just starting out, a mid-career professional seeking to reinvigorate your practice or move in a new direction, or a late-career psychologist considering pre-retirement issues, 42 wants to be there for you with information, community, and tools all aimed at helping you accomplish your goals.

Division 42 offers three categories of membership, with the following requirements:

Member	Affiliate Member	Student Affiliate
<p><b>Doctoral</b>-level psychologist who is currently a <b>member or fellow of the APA</b>.</p> <p>Interest in and <u>either</u>:</p> <p>(a) <b>active engagement in the independent practice of psychology full- or part-time, <u>or</u></b></p> <p>(b) <b>current engagement in processes preparatory to the independent practice of psychology</b>, including attainment of the applicable state, provincial, or territorial certification or licensure.</p> <p>In other words, you must be a licensed, practicing psychologist, OR you may have attained your doctoral degree recently and are applying to your licensing board, fulfilling postdoc requirements, and/or studying for licensure exams.</p>	<p><b>Doctoral</b>-level psychologist <b>licensed or certified</b> to practice in the state, province, or territory in which you practice.</p> <p>Interest and <b>active engagement in the independent practice of psychology</b>, with training appropriate to the conduct of such activities as defined by the APA's Council of Representatives and by statutory regulation in your state or province (i.e., certification or licensure).</p> <p>You need <b>NOT</b> be a member of the APA.</p>	<p>Current enrollment in a regionally or nationally accredited <b>doctoral</b> program that qualifies its graduates to be eligible for <b>psychology licensure</b>.</p> <p><b>Interest in establishing a career in the independent practice of psychology.</b></p>

Thank you for your interest in joining us! Please complete the application on the reverse and send it to:

Ms. Jeannie Beeaff  
 Division 42 Administrator  
 919 W. Marshall Avenue  
 Phoenix, AZ 85013

Please don't hesitate to contact Jeannie if you have any questions. She's happy to be of help. You may reach her at:

[div42apa@cox.net](mailto:div42apa@cox.net) or 602 284 6219