

Mississippi Black Psychology Association  
Send completed form to: [msabpsi@gmail.com](mailto:msabpsi@gmail.com)

**MEMBERSHIP APPLICATION**

**Reminder: You must first be a member of the National ABPSI to join the Mississippi Chapter.**

Applicant Name: \_\_\_\_\_

Membership Type (select one):

Professional (\$50)

Associate (\$50)

Student (\$10)

Preferred Address \_\_\_\_\_

Preferred Telephone \_\_\_\_\_

Preferred Email \_\_\_\_\_

Awarding Institution \_\_\_\_\_

Licensing State \_\_\_\_\_

Specialty Areas (check all that apply)	
<input type="checkbox"/> Children	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Adolescents	<input type="checkbox"/> School
<input type="checkbox"/> Adults	<input type="checkbox"/> Marriage/Family
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Assessment
<input type="checkbox"/> Health	<input type="checkbox"/> Learning Disabilities
<input type="checkbox"/> Mood disorders	<input type="checkbox"/> Forensic
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Education
<input type="checkbox"/> Trauma	
	Other (please describe below)

For the directory, please provide a brief description of the services you provide

\_\_\_\_\_  
\_\_\_\_\_

Interests (select all that apply):

Speaking engagements

Community Service

Research

Marketing

Other \_\_\_\_\_