

Are you currently a member of the American Psychological Association? Yes No

Category: Member Associate APA Membership # _____

Have you ever been convicted of a felony, sanctioned by any professional ethics body, licensing board, or other regulatory body, or by any professional or scientific organization? Yes No (If yes, please attach an explanation on a separate sheet.)

Help us improve your experience as a member:

Please tell us why you'd like to join the Vermont Psychological Association by rating the following benefits in order of importance to you, 1 being the most important, 2 the second most important, etc.

- | | | |
|-----------------------------|--------------------|-----------------------------------|
| ___ Collegiality/Networking | ___ Communications | ___ Legislative Advocacy |
| ___ Reduced CE Fees | ___ Referrals | ___ Ethics/Practice Consultations |
| ___ Other: | | |

Please check your requested membership category; VPA will bill you for the prorated dues amount once your membership application is accepted.

- | | |
|---|-------|
| <input type="checkbox"/> Rostered Mental Health Care Provider | \$125 |
| <input type="checkbox"/> Academic/Research (full time) | \$200 |
| <input type="checkbox"/> Associate Member (non-psychologist licensed provider) | \$250 |
| <input type="checkbox"/> Licensed Psychologists in Licensure Years 1 & 2 | \$200 |
| <input type="checkbox"/> Licensed Psychologists in Licensure Years 3 and over | \$300 |
| <input type="checkbox"/> Sustaining Member—Demonstrate your commitment to mental health care! | \$350 |

Please attach a copy of your *curriculum vitae* to this application.

Applicant Signature: _____

Date: _____

Please return to: VPA, PO Box 1017, Montpelier, VT 05602-1017 or to vpaed@vermontpsych.org