Vermont Psychological Association

MEMBERSHIP APPLICATION (Public/Students)

Full Name: ____________________________________________________________

First     MI Last

Preferred Address for VPA Communications (required)  □ Home  □ Business

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Telephone: (_______) _____________________________

Email:  _______________________________________________________________________________

Alternate Address (optional)

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Telephone: (_______) _____________________________

Email:  _______________________________________________________________________________

Are you a licensed mental health care provider in Vermont?  □ Yes  □ No  □ Rostered

License Type:  □ Psychologist-Doctorate  □ Psychologist-Masters  □ LICSW

□ LCMHC  □ LADC  □ LFMT

□ Other __________________________________________________________

Are you licensed/certified to practice mental health care in another state?  □ Yes  □ No

State: _____ License #: ____________________________ License Type: ______________________

Are you a post-secondary professor/instructor of psychology, or psychology researcher?  □ Yes  □ No

Institution:________________________________________________________ _______________________

Role:  _______________________________________________________

FT  PT

Are you enrolled in a post-secondary institution earning a degree in psychology or related mental health

are field?  □ Yes  □ No

Institution:  __________________________________________________________

Major: ______________________________________

Year: _____________________________
If you are not a undergraduate or graduate student in the mental health care field, please describe your interest in the field of psychology and mental health care.

___________________________________________________________________________________________
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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.

□ Public Member  $50
□ College/Graduate School Student  $40
□ High School Student  $25

Applicant Signature: ________________________________  Date: ________________________________

Endorsement of VPA Sponsor (undergraduate/graduate students only):
A VPA member must sign here to endorse your student membership application. Please call the VPA office if you need assistance in locating a VPA member.

Sponsor Signature: _____________________________________________________________
Sponsor Name (please print): _____________________________________________________

Please Note:  Students must provide a copy of valid student identification with this application.

Please return to:  VPA, PO Box 1017, Montpelier, VT  05601-1017 or to vpaed@vermontpsych.org