

## **MEMBERSHIP APPLICATION (Public/Students)**

Full Name:					
First		MI	Last		
Preferred Address f	for VPA Communications (requi	red)		☐ Home	☐ Business
Telephone:	()				
Email:					
Alternate Address (	optional)				
Telephone:	()				
Email:					
Are you a licensed	mental health care provider in V	ermont?	?	☐ No	☐ Rostered
License Type:	e: Psychologist-Doctorate		☐ Psychologis	st-Masters	LICSW
	☐ LCMHC ☐ Other		LADC		☐ LFMT
Are you licensed/ce	ertified to practice mental health	care in	another state?	☐ Yes	☐ No
State:	License #:		License	Туре:	
Are you a post-seco	ondary professor/instructor of p	sycholo	gy, or psycholo	gy researcher? [	] Yes □ No
Role:				□FT	□PT
	a post-secondary institution ear	rning a d	degree in psycho	ology or related m	ental health
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.					
Have you ever been convicted of other regulatory body, or by any attach an explanation on a separa	professional or scientific org	professional ethics body, licensing board, or anization?			
Help us improve your experience	e as a member:				
Please tell us why you'd like to join of importance to you, 1 being the r		sociation by rating the following benefits in order ost important, etc.			
Collegiality/Networking	Communications	Legislative Advocacy			
Reduced CE Fees	Referrals	Ethics/Practice Consultations			
Other:					
	se check your requested men rorated dues amount once yo	nbership category. ur 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 stude	ents only):			
A VPA member must sign here to need assistance in locating a VPA		nip application. Please call the VPA office if you			
Sponsor Signature:					
Sponsor Name (please print):					

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

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