

MINNESOTA SCHOOL PSYCHOLOGISTS ASSOCIATION
Membership Application or Renewal
Jan. 2008 – Dec. 2008

1. NAME AND INFORMATION (for MSPA Database):

NAME _____ Home Phone (____) _____
Last First Middle

Address (Home) _____ Work Phone (____) _____
Street

City State Zip

E-Mail _____
(Needed for MSPA communication)

Address (Work) _____ What is your 2007-08 FTE? _____
Agency

Street

City State Zip

May your information be published in the MSPA Directory? YES NO
 Region: Which regional area lies closest to you?
 Moorhead Duluth St. Cloud E.Metro
 W. Metro Mankato Rochester
 (Please circle one)

2. TYPE OF MEMBERSHIP - Please complete Item 9 (reverse side) if you are a new applicant or changing status.

VOTING MEMBERSHIP

NON-VOTING

RENEWAL	<input type="checkbox"/> Full Renewal <input type="checkbox"/> \$60.00 one year or <input type="checkbox"/> \$110.00 for two years	<input type="checkbox"/> Affiliate Renewal \$30.00 (one year)
	<input type="checkbox"/> Full – New or Status Change <input type="checkbox"/> \$60.00 one year or <input type="checkbox"/> New <input type="checkbox"/> \$110.00 for two years <input type="checkbox"/> Status Change	<input type="checkbox"/> Affiliate – New or Status Change - \$30.00 (one year) <input type="checkbox"/> New <input type="checkbox"/> Status Change
	<input type="checkbox"/> Life Member \$15.00 (one year)	<input type="checkbox"/> Student/Intern Member \$15.00 (one year)

3. Are you a NASP Member: _____ Yes _____ No
4. Other Licenses held: _____ NCSP _____ LP _____ Other _____

5. SIGN your membership agreement:
 "I am applying for or renewing membership in the MSPA, and agree to abide by the NASP code of Ethics for School Psychologists as endorsed by the MSPA."

Signature

6. ENCLOSE a check made out to MSPA.

7. MAIL TO: Pamela Loitz
 1620D Pleasant View Dr.
 North Mankato, MN 56003

<i>Office Use Only</i>	
<i>Amt. Paid</i> _____	<i>Date Rcvd:</i> _____
<i>Cash / Check #</i> _____	<i>Date Enter:</i> _____
<i>ID Number</i> _____	

