

MINNESOTA SCHOOL PSYCHOLOGISTS ASSOCIATION
Membership Application or Renewal
January 2013 – Dec. 2013

1. NAME AND INFORMATION (for MSPA Database):

NAME _____ Home Phone (____) _____
Last First Middle

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

City State Zip E-Mail _____
 (Needed for MSPA communication)

Address _____ What is your 2012-13 FTE? _____
 (Work) Agency May your information be published in the
 _____ MSPA Directory? YES NO
Street Region: Which regional area lies closest to you?
 _____ Moorhead Duluth St. Cloud E.Metro
City State Zip W. Metro Mankato Rochester
 (Please circle one)

2. TYPE OF MEMBERSHIP - Please complete Item 10 (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: Chip Panahon, MSPA
 AH 23 – Psychology
 Minnesota State University
 Mankato, MN 56001

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

8. VOLUNTEER FOR MSPA COMMITTEES - MSPA needs your help! Please check the committee(s) you would be interested in:

<input type="checkbox"/> Legislative Affairs	<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Membership
<input type="checkbox"/> Regional Coordination	<input type="checkbox"/> Professional Practices/ Ethics	<input type="checkbox"/> Public Relations
<input type="checkbox"/> CFL Committee	<input type="checkbox"/> Future Board Member	<input type="checkbox"/> Publications
		<input type="checkbox"/> Technology

9. Do you give permission to release your directory information to organizations that the MSPA executive board deems professionally beneficial to its members? YES NO

10. COMPLETE THIS SECTION IF YOU ARE A NEW APPLICANT OR CHANGING STATUS.

A. You qualify for **FULL** membership status if you answer yes to one of the following questions:

YES NO Are you licensed as a school psychologist by the MN Dept. of Education?
License Number required: _____

YES NO Are you devoting a major portion of your time to the training of school psychologists in MN or a neighboring state? Name college: _____

B. You qualify for **AFFILIATE** membership status if you **NO NOT** qualify for FULL status and answer yes to one or more of the following questions:

YES NO Are you a licensed and practicing school psychologist in another state? List state and license number _____

YES NO Are you a professional in a related area? If yes, please attach a list of your job duties.

YES NO Are you licensed by the MN Board of Psychology? Enclose a copy of license or your License number _____

C. You qualify for **STUDENT** membership status if you answer yes to one of the following questions:

YES NO Are you a full time graduate student in a school psychology program *and* are employed less than half time? Advisor's signature is **required** to verify student status:
(Advisor) _____

YES NO Are you completing your student internship? Advisor's signature **required** to verify student Internship status.
(Advisor) _____

YES NO Are you an undergraduate student majoring in school psychology or a related field? Signature of sponsoring MSPA FULL member is required:
(MSPA FULL MEMBER) _____

D. You qualify for **LIFE** membership status if you answer yes to the following question:

YES NO Are you retired from employment as a school psychologist, *and* have been a FULL member of MSPA for the last five years, *and* have attained the age of 55?

E. Please complete regarding your education:

School _____ Degree _____ Major _____ Date _____

Thank you for your application to MSPA!