

# Central New York Psychological Association

## 2010 Membership Application Form

Last Name:	First Name:	Middle Initial:
Highest Academic Degree:	Degree Granting Institution:	Year Highest Degree Attained:

***Home address and Phone (Optional):***

Street:		
City:	State:	Zip:
Phone:		

***Primary Business Address and Phone***

Organization:		
Street:		
City:	State:	Zip:
Phone:		

***Secondary Business Address and Phone***

Organization:		
Street:		
City:	State:	Zip:
Phone:		

<b>*E-Mail Address:</b> _____				
<input type="checkbox"/> Yes, I would like to subscribe to the CNYPA Listserv.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Where would you like CNYPA mailings sent?</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Home</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Primary Business</td> <td style="width: 25%; padding: 5px;"><input type="checkbox"/> Secondary Business</td> </tr> </table>	Where would you like CNYPA mailings sent?	<input type="checkbox"/> Home	<input type="checkbox"/> Primary Business	<input type="checkbox"/> Secondary Business
Where would you like CNYPA mailings sent?	<input type="checkbox"/> Home	<input type="checkbox"/> Primary Business	<input type="checkbox"/> Secondary Business	

\*Adobe Acrobat Reader is required to electronically view the Scope (CNYPA's newsletter).

**New this year!**

**CNYPA is now compiling a clinician directory comprised of members who wish to work with and receive referrals from primary care physicians (PCPs).**

**Please check below if interested:**

Yes, I would like my contact information to be included in the PCP directory



**CNYPA Membership Category**

<input type="checkbox"/> <b>Member</b>	<b>Dues: \$40</b>	Ph.D. in psychology or Member of the American Psychological Association or the New York State Psychological Association or hold a NYS licensure as a psychologist
<input type="checkbox"/> <b>Associate Member</b>	<b>Dues: \$20</b>	Two years full-time graduate study in psychology or Masters in psychology or Associate Member of American Psychological Association or New York State Psychological Association.
<input type="checkbox"/> <b>Student Affiliate</b>	<b>Dues: \$10</b>	Currently in full-time graduate study for an advanced degree in psychology.
<input type="checkbox"/> <b>Life Member</b>	<b>Dues: \$0</b>	Members in good standing who have reached the age of 65.

Checks must be enclosed payable to: **CNYPA**

<input type="checkbox"/> Yes, I am currently licensed by the NYS Department of Education.	If yes, license number is: _____
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**Current APA Membership Status**

- Member
- Fellow
- Associate
- Student Affiliate
- Non-member

APA member since (year): \_\_\_\_\_

**Primary Work Site**

- Hospital
- University/College
- Private Practice
- State/Federal
- Other (specify) \_\_\_\_\_

**Current NYSPA Membership Status**

- Member
- Associate
- Student Affiliate
- Non-member

NYSPA member since (year): \_\_\_\_\_

**Specialty**

- Academic Research
- Clinical
- Counseling
- School
- Industrial/ Organizational
- Other (specify) \_\_\_\_\_

**Please check any of the CNYPA committees you may be interested in learning more about\*\*:**

- |  |  |
|--|--|
| <input type="checkbox"/> CNYPA Scope (newsletter distributed to members) | <input type="checkbox"/> Ethics Committee      |
| <input type="checkbox"/> Program Committee                               | <input type="checkbox"/> Academic Affairs      |
| <input type="checkbox"/> Membership Committee                            | <input type="checkbox"/> Legislative Committee |
| <input type="checkbox"/> Public Education Committee                      | <input type="checkbox"/> NYSPA Representation  |

\*\*The CNYPA Secretary will forward your interest to the appropriate committee Chairperson

**Return your completed application and membership fee to:**  
**CNYPA**  
**Box 37282**  
**Syracuse, NY 13235**