

Central New York Psychological Association

New Member Application Form

Last Name:	First Name:	Middle Initial:
Highest Academic Degree:	Degree Granting Institution:	Year Highest Degree Attained:
<i>Home address and Phone (Optional):</i>		
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:		

*E-Mail Address: _____			
Where would you like CNYPA mailings sent?	<input type="checkbox"/> Home	<input type="checkbox"/> Primary Business	<input type="checkbox"/> Secondary Business
<input type="checkbox"/> I would like to join the CNYPA listserv and receive informational e-mails			

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

CNYPA Membership Category

<input type="checkbox"/> Member	Dues: \$50	Doctoral degree 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"/> Associate Member	Dues: \$20	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"/> Student Affiliate	Dues: \$10	Currently in full-time graduate study for an advanced degree in psychology.
<input type="checkbox"/> Life Member	Dues: \$0	Members in good standing who have reached the age of 65.

Checks must be enclosed payable to: **CNYPA**. Online payment is also accepted through your PayPal account. Go to <https://www.cnypa.net/membership-renew>

<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 |

Return your completed application and membership fee to:

CNYPA
c/o Upstate Concussion Center
505 Irving Avenue
Syracuse, NY 13210

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