

HVPA MEMBERSHIP APPLICATION AND RENEWAL

2017/2018

DUES ARE EXPECTED JULY 1ST AND NO LATER THAN SEPTEMBER 30TH

HVPA Membership Chair
P.O. Box 1222, Poughkeepsie, NY 12602

YOUR NAME: _____
First M.I. Last
Degree: Ph.D. Psy.D. Other:

CURRENT NYS PSYCHOLOGIST LICENSE? ___ YES ___ NO

License Number: _____ Expires (month/year) ____/____

PERSONAL CONTACT INFORMATION (REQUIRED) - For HVPA Use/Distribution Only

INFORMATION CHANGED FROM PRIOR YEAR

Home Address: _____

Personal Phone: _____

ZIP _____

Fax: _____

PREFERRED EMAIL ADDRESS FOR HVPA-RELATED BUSINESS: _____

OTHER CURRENT MEMBERSHIPS: ___ APA ___ NYSPA ___ Other: _____

(If not a NYSPA member, please join to support Psychology!)

MEMBERSHIP CATEGORY AND DUES

PLEASE CHECK ONE of the MEMBER/DUES CATEGORIES listed below:

- ___ \$50.00 STANDARD MEMBER (Psychologist currently Licensed in NYS or non-licensed academic PhD psychologist)
___ \$25.00 EARLY CAREER/INTERNS (Licensed <5 years)
___ \$25.00 NON-LICENSED/PRE-LICENSED (Non-Voting)
___ \$25.00 NON-LICENSED ACADEMIC

Licensed Members 70 and older:

- ___ \$50.00 Licensed Members 70 and over who are **working 10 or more hours per week**
___ \$0.00 DUES EXEMPT - Licensed Members 70 and over who are **working fewer than 10 hours per week.**
___ \$25.00 VOLUNTARY DONATION FOR DUES EXEMPT MEMBERS

Ck#: _____

WEBSITE DATA VERIFICATION—FOR RENEWING, FULL, VOTING MEMBERS ONLY:

Please thoroughly review your profile information on the HVPA website

(www.hvpa.org), then initial one statement and sign below:

- ___ Please, permanently remove my listing from the HVPA website
___ All information on the website is accurate and I approve its inclusion on the website, as is.
___ Corrections are needed – I have attached the requested changes for my website listing.

Signature: _____ **Date:** _____