

## Membership Application and Renewal Form

(Please print this form from your computer, either print or type your information)

### A. Member Information

Name: \_\_\_\_\_  
(Last) (First) (MI)

Preferred Mailing Address: \_\_\_\_\_  
(Street or Post Office Box Number)

\_\_\_\_\_  
(City, State, Zip code)

Home or Office Address: \_\_\_\_\_  
\_\_\_\_\_

Preferred telephone Phone: \_\_\_\_\_

Office  or home

Preferred fax Fax: \_\_\_\_\_

Office  or home

Email: \_\_\_\_\_

Education: \_\_\_\_\_  
(Highest Degree) (Highest Degree Granting Institution) (Mo/Yr graduated)

CA License \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Memberships: CPA: Yes  No ; Year Joined \_\_\_\_\_

APA: Yes  No ; Year Joined \_\_\_\_\_

If you would like information on how to join CPA or APA, refer to their respective websites, [cpapsych.org](http://cpapsych.org) and [apa.org](http://apa.org).

Agreement:

I agree that the above information may be published in the CCPA Membership Directory or on the CCPA Web Site.

Please initial here if you agree \_\_\_\_\_. Thank you.

### B. Ethics Waver

Has your psychological practice been restricted, suspended, or in any fashion limited by any hospital, medical staff, licensing body, or have you had a formal accusation made by the Board of Psychology or any regulatory body, or have you been convicted of any felony? Yes\_\_\_\_, No\_\_\_\_. **Also, I have read and agree to abide by the Code of Ethics of the California Psychological Association. Note that the Code of Ethics for CPA and other state psychological associations is published on the APA Web Site, located at APA.ORG.**

Signature: \_\_\_\_\_  
(Please sign name as it appears on your license)

Date: \_\_\_\_\_

**C. Professional Interests and Responsibilities**

Consider becoming involved in your local psychological association. Please check one or more areas of interest and you will be contacted by a member of CCPA: Ethics \_\_\_\_\_, Information and Referral \_\_\_\_\_, Newsletter \_\_\_\_\_, Disaster Response \_\_\_\_\_, Continuing Education \_\_\_\_\_, Membership \_\_\_\_\_, Publicity \_\_\_\_\_, Government Affairs \_\_\_\_\_, Hospital Practice \_\_\_\_\_, Web Site \_\_\_\_\_, Public Interest \_\_\_\_\_, Social \_\_\_\_\_, Other Interests \_\_\_\_\_

**D. Payment Information\***

Check one:     Member (\$60)   
                  Associate Member (\$45)   
                  Student Member (\$30)

Please make your check payable to CCPA and forward the check, along with this application, to:

Dr. Bill Safarjan  
CCPA Membership Chair  
5100 Cascabel Road  
Atascadero, CA 93422-2345

Thank you.

\* Note that: Full Members must hold a doctorate degree in psychology and may vote and hold office in the Association. Associate Members must hold a masters-level degree in a mental health related field and may not vote or hold office. Student members may neither vote nor hold office and must be enrolled in a graduate program in a mental health related field.