

Maryland Psychological Association



Associate Membership Application Form

Name _____; Date of Birth _____; Sex: M F
 Prefix Last First Middle Name/ Initial

Home	
Home Address _____ County _____	
City _____ State _____ Zip _____	
Home Telephone (____) _____ Fax (____) _____	
Primary Employment	Secondary Employment
Title _____	Title _____
Employer _____	Employer _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
County _____	County _____
Website: _____	
PREFERRED MAILING ADDRESS: <input type="checkbox"/> Home Address <input type="checkbox"/> Primary Employment <input type="checkbox"/> Secondary Employment	

- I would like to enroll in the **MPA Member Listserv**: an interactive e-mail communication list used by members to discuss pertinent information with colleagues, i.e., referral sources, ethical questions, practice information etc.
- I would like to enroll in the **MPANEWS**: an e-mail announcement- only list to keep you informed of important issues related to MPA.
- My e-mail address for MPA business (newsletters, list servs/and or workshop confirmations) is: _____.
- Send the MPA newsletter to me by **EMAIL ONLY**. Send the MPA newsletter to me by **MAIL ONLY**.
- I authorize MPA to send e-mails and faxes to me as necessary. _____ (initials)

Graduate College/University _____ Graduation Date _____
 Department _____ Degree _____

- I am currently licensed (if applicable) as an LCPC _____; Social Worker _____; Other _____.
- I am currently supervised (if applicable) by : _____ at my place of employment listed above.

PRIMARY SERVICES OFFERED:

- | | | |
|--|--|--|
| <input type="checkbox"/> Academic/teaching | <input type="checkbox"/> Drug & Alcohol | <input type="checkbox"/> Marriage & Family |
| <input type="checkbox"/> Community | <input type="checkbox"/> Education/school | <input type="checkbox"/> Psychotherapy |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Evaluations & Psychodiagnostics (**under supervisor listed above) | |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Hypnotherapy | |

Rules of Associate Membership

Criteria for Associate status: (a.) Maintain ethical standards of professional conduct as set forth by the American Psychological Association in its Code of Ethics and as set forth in Maryland Code of Regulations; (b) Complete at least two (2) years of graduate work that is psychological in nature from an institution of higher education fully accredited by a regional accrediting body recognized by the Council on Postsecondary Accreditation or an institution that is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada, or (c) Possess a Masters degree that is psychological in nature from an institution of higher education fully accredited by a regional accrediting body recognized by the Council on Post-secondary Accreditation or an institution that is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada.

GRADUATE TRANSCRIPTS: Applicants who are not Members or Associate Members of the American Psychological Association must have an official copy of their graduate transcript(s) sent to the MPA Membership Committee.

I am a member or associate member of APA. I am forwarding a copy of my graduate transcript.

All applicants must answer the following questions:

1. Have you ever been expelled, suspended, or asked to resign from any national, state, or local psychological association? Or, have you ever resigned or agreed to any other action while an investigation was pending by such an association?

No Yes

If yes, on a separate sheet please provide details, including whether you have been reinstated or are eligible for reinstatement.

2. Has any governmental body responsible for regulating or licensing the practice of psychology ever placed you on suspension, probation, or otherwise restricted or revoked your authority to call yourself a psychologist or practice psychology? Or, have you ever taken steps to limit or halt your practice of psychology or agreed to any other action while an investigation was pending by such a body?

No Yes

If yes, on a separate sheet provide details, including whether you have been reinstated in full or are eligible for reinstatement.

By my signature, or by submitting this application electronically, I hereby attest that the information provided above and any attached information is true, complete, and accurate. I have read and agree to adhere to the ethical standards of professional conduct as set forth in the American Psychological Association's code of ethics.

Signature _____ Today's date _____

DUES (September 2010 thru August 2011)

Enclosed is my check payable to MPA for \$215. (Membership expires 8/31/2011)

Charge \$215 to my MasterCard/VISA account # _____

Expiration Date _____ Signature _____

Mail entire form with check/charge information to:

Maryland Psychological Association
10025 Governor Warfield Pkwy, Suite 102, Columbia, Maryland 21044
410-992-4258, 301-596-3999 800-528-9686
Fax 410-992-7732, E-mail members@marylandpsychology.org
Website: www.marylandpsychology.org

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Associate Membership Application Form

The Maryland Psychological Association is the only association in Maryland that provides advocacy for psychologists in the health care arena. However, our influence is only as great as our membership is strong.

In joining the Maryland Psychological Association (MPA) you add your strength, ideas, and funds to the cause of moving psychology forward in today's society.

Your MPA membership supports the profession of psychology through:

- Actively representing psychologists' interests to insurance and managed care companies
- Formulating and monitoring state legislation affecting psychology in the Maryland General Assembly
- Lobbying the state legislature on psychology's behalf
- Encouraging psychologist participation in the community—from providing pro bono services to participating on state policy-making boards
- Providing member consultation on ethical and practice issues
- Supporting student research
- Affiliation with APA and its nationwide programs
- Promoting the profession of psychology to the public
- Monitoring and negotiating with state regulatory agencies
-

Your MPA membership benefits you through

- Opportunity to join legislative advocacy regarding managed care, health care financing, medical records, mental health issues and scope of practice
- Telephone and e-mail access to MPA staff and Professional Affairs Officer, Legal Counsel, Colleague Assistance and Ethics Consultant
- E-mail updates on MPA activities
- Participation in the MPA listserv for communication and discussion
- Public information program to bring attention to psychology and psychologists
- ***The Maryland Psychologist***, an informative quarterly magazine
- Member rates for outstanding continuing education programs through the year including those at the
 - MPA Annual Convention
 - Ocean City Institute
- Member Special workshops for paid Members, Fellows, Associates only
- Opportunities for service through American Red Cross, Pro Bono Counseling Project, and Disaster Response Network
- Professional networking through participation in MPA activities
- Membership in the Securityplus Federal Credit Union
- Enjoy member savings on office supplies, furniture, print and more through STAPLES Business Advantage.
- Members-only access to MPA website at www.marylandpsychology.org
 - On-line Membership Directory
 - Numerous practice documents

As in many associations you can become a fully participating member and/or you can give your support through your membership dues. Our goal is to help each MPA member to become an active participant in at least one aspect of the association's work.