

Application for Membership

Send completed application, vita/background statement, and dues payment to:

**NDPA, P.O. Box 7370
Bismarck ND 58507
701-223-9045**

Identifying Information:

Name: _____

Highest Degree: _____ Date Received: _____

Type of Degree (circle one):

Clinical Counseling School Developmental Other

Professional Position/Title: _____

Facility/Institution: _____

Preferred Mailing Address: _____

City: State: Zip: _____

E-Mail (for NDPA purposes only): _____

Office Phone: _____ Home Phone: _____

Home Legislative District #: _____ (This item must be completed for your application to be processed.)

• Are you a licensed psychologist? Yes ____ No ____

If yes, which states? License #: _____

• Are you a member of APA? Yes ____ No ____

If yes, what is your status? _____

Membership Categories and Qualifications:

Please indicate the category of membership you are applying for and the qualifications you meet:

A. For Full Member Status:

- Member/Fellow status in the American Psychological Association (APA)
- Eligible for APA Member status
- (Required) doctoral degree of Psychology or closely related field from regional accredited college/university

Yearly Income	Dues
\$0-\$10,000	\$65.00 *
\$10,001-\$40,000.....	\$170.00
\$40,001-\$50,000.....	\$195.00
\$50,001-\$60,000.....	\$220.00
\$60,001-\$70,000.....	\$245.00
\$70,001-\$80,000.....	\$270.00
\$80,001-\$90,000.....	\$295.00
\$90,001-\$100,000.....	\$320.00
\$100,001-\$110,000	\$345.00
\$110,001+	\$370.00

* Includes academics with no clinical income

B. For Associate Member Status (Yearly dues = \$25):

- Associate Member of APA
- Eligible for APA Associate Member status
- Full membership in allied professional organization
- Specify Organization: _____

C. For Student Affiliate Status (Yearly dues = \$10):

- Institution you are enrolled in:
- Major Field: _____
- Student Status: _____

Professional Ethics Declaration: (This section MUST be completed)

If you answer yes to any of these items below, on a separate sheet list each instance, describing briefly the events leading up to the case, the outcome or if pending, and its relevance to the practice of psychology. This information will be secured in a confidential file.

1. Have you had any action taken against you by an employer, professional or related organization, or a state licensing agency? *Circle:* Yes No
2. To your knowledge, are you presently under investigation by any of the above agencies or organizations? *Circle:* Yes No
3. Have you ever been found or pled guilty of a criminal charge (excluding traffic offenses) or liable in a civil action brought against you by any court?
Circle: Yes No

Endorsement for Student Affiliate:

As an NDPA member in good standing, I have read the above information about the student applicant, including attached vita or background statement, and believe it to be true to the best of my knowledge. I endorse this student applicant for NDPA membership.

NDPA Member Endorser:

Signature _____

Print Name of Endorser _____

Date: _____

Background Data:

Please attach a curriculum vita or statement outlining your education, professional experience, membership in other professional organizations, licensure/certification/registry status, research, publications, etc.

Applicant's Statement

In making this application for NDPA membership, I subscribe to and will support the objectives of the Association —“to advance psychology as a science, as a profession, and as a means of promoting human welfare” – and agree to abide by the ethical principles of NDPA. I hereby absolve NDPA, its officers and staff, Board of Trustees, Members, and Affiliates from damages or any other liabilities resulting from unfavorable action on my application or from disciplinary action or expulsion under the provisions of NDPA bylaws. The statements made in my application are true and complete. I authorize NDPA to contact any references and investigate my credentials. Unless I notify NDPA to the contrary, I authorize my name and address to be made available to outside individuals and organizations as part of NDPA's mailing list.

Applicant's Signature: _____ **Date:** _____