

Oregon School Psychologists Association



OSPA Membership Application

2009 - 2010

I want to:

- Join OSPA now for the first time**
- Renew my membership**
- Update my information**

*** OSPA membership dues are for the fiscal year that runs **JULY 1 – JUNE 30.** Membership in OSPA provides discounts at training conferences, subscription to *The Bulletin*, OSPATalk list serve access, and participation in the functioning, policies, and procedures of the Association.**

Please check the membership category for which you qualify:

- \$50.00 **Regular** – a Regular Member is currently licensed by TSPC as a school psychologist.
- \$15.00 **Student** – a Student Member is currently enrolled full time in graduate studies in school psychology, may be engaged in internship and is not working as a school psychologist.
- \$20.00 **Retired** – a Retired Member is retired from the practice of school psychology.
- \$50.00 **Associate** – an Associate Member supports OSPA goals, may be currently employed in a related professional field, but is not licensed by TSPC as a school psychologist. Associate Members may not hold office or participate in voting.
- \$_____ Tax-deductible **contribution** to NASP Minority Scholarship Fund in addition to your dues.

Member Information:

| | | |
|---|-----------------|--------------------------------|
| First Name: | MI: | Last Name: |
| Title: <input type="checkbox"/> Ph.D. <input type="checkbox"/> Psy.D. <input type="checkbox"/> Ed.D. <input type="checkbox"/> M.S. <input type="checkbox"/> Ed.S. <input type="checkbox"/> M.A. <input type="checkbox"/> B.A. <input type="checkbox"/> NCSP <input type="checkbox"/> Other: _____ | Job Title/Role: | Agency/District of Employment: |

Number of years as a School Psychologist:

Approximate number of students served:

- 0 – 500 501 – 1000 1001 – 1500 1501 – 2000 2000+

Are you currently a member of NASP? **Yes** **No** Other organizations? _____

WORK CONTACT INFORMATION (PLEASE PRINT):

| | | |
|---|---------|--|
| Address: | | Apt: |
| City: | State: | Zip: |
| Phone: | E-Mail: | Add to OSPATalk? <input type="checkbox"/> Yes |
| I wish to be contacted by OSPA using the above information: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The above information can be shared in the OSPA directory: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

HOME/OTHER CONTACT INFORMATION (PLEASE PRINT):

| | | |
|---|---------|--|
| Address: | | Apt: |
| City: | State: | Zip: |
| Phone: | E-Mail: | Add to OSPATalk? <input type="checkbox"/> Yes |
| I wish to be contacted by OSPA using the above information: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The above information can be shared in the OSPA directory: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I would be interested in helping OSPA with:

- Legislative/GPR
- Professional Standards/License
- Training
- Conferences
- Membership
- Public Relations
- Finance/Treasury
- Awards

I consider my specialties/interests to be:

AFFIRMATION: I verify that the information provided is accurate and that I qualify for the membership category checked above. I affirm that I will abide by OSPA's ethical principals and procedures.

Signature: _____

Date: _____

Make checks payable to the "OSPA"
Mail to: OSPA Membership, PMB 419, 25 NW 23rd PL STE 6, Portland, OR 97210-5599