



Illinois Psychological Association 2015-2016 Membership Application

IPA Fiscal Year runs July 1, 2015 – June 30, 2016

Join Now and Pay 1/2 Dues for 1/2 Year membership

JOIN ONLINE AT: <http://illinoispsychology.org/join-ipa>

Applicant Information

Name	Highest Degree	Year Granted	School
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Please complete both work and home addresses. Check a box for your preferred mailing address.

Work

Independent Practice or Employment Setting

Street	City	State	Zip
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Business Phone	Business Fax

Title	Nature of Business
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Home

Street	City	State	Zip
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Home Phone	Home Fax	Email

Type of Membership (Please Check one of the following):

- Full Membership – Licensed** – Must be currently licensed in the state of Illinois License #: _____ Year Licensed _____
- Full Membership – Not Licensed** – Applicant has a doctoral degree in psychology but is not a licensed psychologist. Applicant must meet the following requirement. Earned a doctoral degree in psychology from a program accredited by the Council of Post Secondary Accreditation or accredited by the American Psychological Association.
- Student Member** – Applicant is a full-time tuition paying student who is majoring in psychology or an intern/resident in psychology.

 Name of School
- Affiliate Member** – Applicants have an interest in psychology such as but not limited to certified paraprofessionals, high school teachers and members of the general public. Affiliate Members are considered non-voting members of the Association. Affiliate Members may serve as members of committees of the Association and participate in programs and discussions of issues.
- Out-of-State Member** – Applicant is a former member who has relocated to another state or a psychologist or psychology graduate student from another state who wished to be affiliated with the Association.

Optional: Ethnicity Category

- Asian
- African American
- Caucasian
- Hispanic
- Native American

PLEASE READ AND SIGN

In making this application, I agree to be bound by the Ethical Principles of Psychologists and the Code of Conduct of the American Psychological Association. I affirm that the statements made in this application correctly represent my qualifications for membership and understand that if they do not, my membership may be voided. I understand that my membership in IPA does not certify my competence in any area of psychology. I will not use my membership in IPA as an indication of my competence in any representation to the public.

Membership may be denied to an applicant for cause, which includes but is not limited to disciplinary action for ethical reasons by the American Psychological Association, disciplinary action by any Psychology Licensing Board (including but not limited to censure, suspension, revocation or denial of licensure), misrepresentation of qualifications to the public or the Association, or any cause that constitutes grounds for disciplinary action by the Illinois Clinical Psychologists' Licensing and Disciplinary Board.

Signature: _____ Date: _____

Join Now and you won't have to renew until July 1, 2016

Step 1: Membership Type (See Page 1 for Membership Type definitions)

Licensed (IPA Dues are discounted for first two years of membership)

- First year as an IPA member:
- Second Year:
- Third Year and Beyond:

Other

- Non-Licensed Doctoral
- Affiliate
- Out-of-State
- Student

Dues:

\$130 \$65 (Licensed Applicants pay this amount)
\$195
\$235
\$70 \$35
\$75 \$37.50
\$25 \$12.50
\$40 \$20 (Includes membership in IPAGS)

Step 1: DUES TOTAL: \$ _____

Step 2: Section Membership – Optional (See www.illinoispsychology.org for Section Descriptions)
(Circle choices)

- | | |
|---|--|
| <input type="radio"/> Academic | \$10 |
| <input type="radio"/> Clinical Practice | \$30 |
| <input type="radio"/> Consulting | \$25 |
| <input type="radio"/> Early Career Psychologists (first seven years out of grad school) | \$10 |
| <input type="radio"/> Graduate Students (IPAGS) | \$25 (included with Grad Student Membership) |
| <input type="radio"/> Health and Rehabilitation | \$10 |
| <input type="radio"/> Military Psychology | \$10 |
| <input type="radio"/> Sexual Orientation Issues | \$15 |
| <input type="radio"/> Social Responsibility | \$10 |
| <input type="radio"/> Women's Issues | \$10 |

Step 2: SECTION MEMBERSHIP TOTAL: \$ _____

Step 3a: Mandatory ~~\$60.00~~ \$30 Legislative Assessment Fee for Licensed Members Only

Step 3b: Supplemental Legislative Assessment Fee for Licensed Members Only

If your annual net income is:	\$30,000 - \$50,000	\$80 \$40
	\$50,001 - \$80,000	\$130 \$65
	\$80,001 - \$110,000	\$170 \$85
	Over \$110,000	\$200 \$100

Step 3 Total (Step 3a + 3b) Legislative Assessment Fee: ~~\$60.~~ \$30 + \$ _____ = \$ _____

NOTE: Since the amount assessed in Step 3 relates to legislative activities, it is not deductible for tax purposes

Explanation of the Licensed Psychologist Legislative Assessment Fee: The base Legislative Assessment is \$60.00 for all licensed psychologist. The Supplemental Legislative Assessment is based on your income. These assessments are designated exclusively for IPA Legislative and Advocacy activities. The IPA continually defends the rights of psychologists to continue to provide the services for which they are trained. The IPA also monitors activities and advocates for legislation that has an impact on the consumers we serve, consumers who are not organized to protect themselves. A legislative assessment is charged to all psychologists with the rationale that even those psychologists who see only a few patients a week do so because the IPA works to protect that right.

Step 4: Add: Step 1 Total \$ _____
 Step 2 Total \$ _____
 Step 3 Total \$ _____ = **TOTAL DUE: \$**

Payment Method: Enclosed is a check for \$ _____

Or Charge the Above Total to My: Visa MasterCard **Card Billing Address:** Home Business

Card Number _____ Exp Date _____

Signature _____

Please complete this application form and mail / fax it to:

**Illinois Psychological Association
 67 East Madison Street Suite 1817
 Chicago, IL 60603
 Fax: 312/372-6787 For Assistance Call: 312-372-7610 X 201**