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**General Membership Application**

(Please print legibly)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Office/Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_ Date: \_\_\_\_\_ University: \_\_\_\_\_

Have you ever been called upon to answer professional or ethical charges before an Ethics committee or any professional organization, state licensing board or court of law? \_\_\_\_\_

If the answer is yes, please give details of the incident leading to an investigation and outcome on a separate sheet of paper.

Was your graduate program APA approved? \_\_\_\_\_

**I am a licensed psychologist:** Please complete this section

License Number \_\_\_\_\_ State issuing license: \_\_\_\_\_

Are you an APA Diplomate? \_\_\_\_\_ If Yes, in what area? \_\_\_\_\_

**I am not a licensed psychologist:** Please complete this section

Did you have an APA approved internship? Yes \_\_\_\_\_ No \_\_\_\_\_

Were you ever licensed? Yes \_\_\_\_\_ No \_\_\_\_\_

With your signature below, you hereby authorize the Membership Chair to contact any person or institution to verify the information above and that the information above is true and correct.

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

**Step 1: Complete application:** Please return application Dr. Ronald Fischman, Membership Chair. Please email to [ronfischman@comcast.net](mailto:ronfischman@comcast.net) or mail to 601 Summit Avenue 3rd Floor Jenkintown, Pa 19046.

**Step 2: Dues payment:** Dues may be paid online: [www.philadephiapsychology.org](http://www.philadephiapsychology.org) under "Renew or Join Membership" tab (or) send check to above address.

Membership period is from June 1 to May 31. First year discounted membership dues \$100.00.

Please join us as we further the field of psychology and serve the Greater Philadelphia community.