

SOCIETY OF CLINICAL CHILD AND ADOLESCENT PSYCHOLOGY
DIVISION 53, AMERICAN PSYCHOLOGICAL ASSOCIATION
www.clinicalchildpsychology.org

MEMBERSHIP APPLICATION FORM

Name _____

Address _____

City & State _____

Province & Country _____

Zip or Postal Code _____

Home telephone _____

Office telephone _____

Fax number _____

E-mail address _____

Highest Degree Awarded, please check one: None PhD PsyD MS MA MD
 BS BA MSW Other

Year Doctoral Degree Awarded (mm/dd/yyyy): _____

Ethnicity: Caucasian Black/African American Asian/Pacific Islander Native American
 Bi-Racial Other

Sex: Male Female

Date of Birth (mm/dd/yyyy): _____

How did you hear about SCCAP? Mentor Website Newsletter Journal Peer
 Department or University APA Conference Other

If you are a student, please enter your school affiliation: _____

Are you State licensed? Yes No

Are you in Private Practice? Yes No

Are you interested in volunteering on Division 53 Committees or Task Forces? __Yes __No

Public Interest: volunteer to help on committees that address policy issues for children and families, ethnic minority issues, human welfare and social justice.

Education: volunteer to help on committees that seek to advance education and training in psychology, and the application of psychology to education and training, through institutions, programs, and initiatives.

Science: volunteer to help on committees that facilitate, promote, and represent psychological science and scientists in academic and scientific arenas.

Practice: volunteer to help on committees that work to promote the practice of psychology and the availability and accessibility of psychological services, providing resources and services to practicing psychologists in all settings and to the public.

Membership Category (Check one box)	Rate
<input type="checkbox"/> Full member of APA (not APA Student Affiliate or Foreign affiliate) (Please provide your APA ID Number. _____)	\$40.00
<input type="checkbox"/> Associate member of APA, confers same benefits of membership except voting privileges (Please provide your APA ID Number. _____)	\$40.00
<input type="checkbox"/> Non-APA member or allied professional at or below the doctoral level	\$60.00
<input type="checkbox"/> Foreign affiliate member (except Canada)	\$50.00
<input type="checkbox"/> Student member of APA* (Please provide your APA Student Affiliate ID Number. _____)	FREE
<input type="checkbox"/> Student but not a student member of APA*	FREE

*Membership is free for the first year for all students.

TOTAL DUES PAID IN U.S. FUNDS
(Please make checks or money orders payable SCCAP)

\$

PAYMENT METHOD: Check enclosed Discover Visa
 Money Order American Express MasterCard

Card No. _____

Name of Cardholder _____

Card Expiration Date _____

Signature _____

Please return this form with payment to:

Richard R. Abidin, Treasurer
SCCAP
c/o Lynn Canty
PO Box 3372
Alpharetta, GA 30005

Thank you for your support of SCCAP!