

Membership Application/Renewal

Mailing Address: P.O. Box 400671 Las Vegas, NV 89140 Phone/Fax: 888-654-0050 You can also renew online at:

www.NVPsychology.org

Membership Year: June 1st, 2020-May 31st, 2021

Name:			Sex: M F Other
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Home Telephone ()			
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Phone Fax		Fax	
Subscribe me/keep me subscribed to discuss pertinent information with coll My e-mail address is	eagues, i.e., referral sources,	, ethical questions, practice i	information etc.
NPA has a variety of committees serving o interested in learning more:	ur membership and carrying egislative Committee embership Committee CP Committee	out our mission. Please indi	icate in which committee you w cation Committee n Campaign Committee
Graduate College/University		_,	ate Degree
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☐ Licensed in NV- License#	Year Licensed:		
Licensed in other State:	License#	Year Licensed: _	
APA member	Register 🗆 Yes 🗀 No	ABPP □ Yes □ No S	pecialty ABPP Area
I agree to abide by the ethical principles set for are true and accurate to the best of my knowled	-		
			Date

AUTOMATIC DUES RENEWAL NOTICE: The initial term of this Agreement shall be one (1) year commencing as of the date hereof. Thereafter, the term of this Agreement shall automatically renew for successive one (1) year terms unless member provides written notice to NPA central office at least ninety (90) days in advance of the end of the membership year that it does not wish to renew the term of this Agreement. Full Members: (✓ box below): Early Career Psychologists (choose 1 and ✓): (*Flat fee dues*) ☐ 4 years post-licensing \$225.00 ☐ 3 years post-licensing \$200.00 ☐ Full member, 5 years post licensure \$250.00 ☐ 2 years post-licensing \$175.00 ☐ 1 year post-licensing \$150.00 Please note that 30% of dues is designated for the lobbyist and is not tax deductible. \$15 of your dues payment will go to support your ☐ Licensing year \$125.00 respective region (North or South) and its activities. ☐ Post-doc/Unlicensed \$100.00 A. TOTAL: Full Members (left) or ECP (right) flat fee dues: \$___ **B. Other Membership Categories: (for those that are neither a Full Members nor an ECPs): Associate/Affiliate/Out-of-State Member \$75.00 ☐ Student Member \$50.00 Graduate or undergraduate students with an interest in psychology., Please include proof of student status with your application. ☐ Retired Member \$65.00 C. NEW! Optional Membership Renewal Add-Ons: ☐ Platinum Member "Add On" + \$250.00 \$250.00 Added benefits: Renew your dues plus receive a 10% discount on CE workshop registration fees, unlimited free Classified Ads for one year, one free 3-hour CE workshop, Special recognition and badging as a Platinum Member. You will also be entered into drawing for a "Member Spotlight" in NPA 2021 Fall newsletter ☐ Student Scholarship "Add On" + \$110.00 \$110.00 Sponsor a student membership! Renew your dues and pay for a 1-year Student membership and registration fees to attend our 2022 Annual Conference. **D.** Additional Donation Opportunities: **Political Action Committee (NPA-PAC)** \$100.00 or _____(other donation amount) Your donation to PAC allows us to support Nevada State Legislators who share our passion and positions. This is NOT tax deductible. \$100.00 or _____(other donation amount) □ NPA Student Fund Your donation will help fund Student travel to PLC, our Annual Conference and Strategic Planning **□** NPA Century Fund \$100.00 or _____(other donation amount) Your donation supports our Central Office operations, ED and Lobbyist ☐ Lobbyist/Legislative Fund \$100.00 or _____(other donation amount) Your donation supports our Legislative Committee activities E. Total of A or B, and C: \$ **F.** Make Your Payment (choose 1 and ✓): ☐ Check enclosed, made payable to NPA ☐ Credit Card Payment: Visa MasterCard Discover American Express (circle one) Card Number: ______Exp Date: _____ Security Code: _____ (3 numbers on back of card or 4 on front of American Express) **Billing Address:** Home ___Office___Other (indicate) ____ Name as it appears on card: