

## 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, 2023–May 31st, 2024

Name:			Sex: M  F Other
	Home Address	(optiona	al) (optional)
Home Address			
City			
Home Telephone ()			
Toll Free Phone	Preferred E-	Mail Secondary E	
Filmary Employment		Secondary E	Employment
Title	Title		
Employer			
Address			
City State Zip	City	St	ate Zip
Phone Fax	Phone	Fax	·
Subscribe me/keep me subscribed to the NPA discuss pertinent information with colleagues, i	.e., referral sources, ethic	al questions, practice	e information etc.
My e-mail address is		·····	
NPA has a variety of committees serving our memb nterested in learning more:  Legislative  Membershi  ECP Comm	Committee p Committee	☐ Continuing Edu	acation Committee on Campaign Committee
I authorize NPA to send e-mails to me as neces	ssary(init	ials)	
Graduate College/University		Graduation I	DateDegree
Licensed in NV- License#Ye	ear Licensed:		
cicensed in other State:	License#	Year Licensed:	
APA member 🔲 Yes 🔲 No National Register	Yes No AB	PP 🗆 Yes 🗅 No 🖇	Specialty ABPP Area
I agree to abide by the ethical principles set forth by the	American Psychological As	ssociation and I certify	that all statements made herein
are true and accurate to the best of my knowledge and b	•	•	
Signature of Applicant			Data

\*\*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: