



2010-2011 Membership Application

Membership year runs from July 1, 2010 – June 30, 2011
Applications received after April 1 will apply to the next fiscal year (July 1-June 30).

Office Use Only

Amt Pd: _____
Date Rcvd: _____
Pmt Mthd: _____
Entered On: _____

First Name: _____ Last Name: _____ Degree: _____

Home Telephone: (____) _____ Home Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Home Email: _____

Work Telephone: (____) _____ Work Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Work Email: _____

District/Employer: _____ Position/Title: _____

Special Ed. Co-Op Region: _____ NCSP: YES NO

MEMBERSHIP TYPE: Renewal New Member

Membership Definitions:

Regular Member – Actively working as a school psychologist or university trainer

Associate Member – Non-school psychologist

Retired Member – Retired school psychologist or related professional

Student Member – Undergraduate, graduate, or interning student

Standard Membership Rates: (if dues are paid August 1-April 1)

- Regular Member - \$60.00
- Associate Member - \$30.00
- Retired Member - \$15.00
- Student Member - \$15.00

Discounted Rates:

- (if dues are paid by July 31)**
- Regular Member - \$40.00
- Associate Member - \$20.00
- Retired Member - \$10.00
- Student Member - \$10.00

Volunteer Interests:

- Conference
- Newsletter (KAPS Review)
- Legislation
- Public Relations/Advocacy
- Membership
- Regional Representative
- Other: _____

Current Memberships:

- NASP APA
- KASA KPA
- Other: _____

For Students Only:

I attend _____ (college name) **Circle One:** Undergrad *1st Year 2nd Year Intern Other: _____

Program Director/Internship Supervisor signature (required): _____

**Discounted Rate extended through September 15th for first year students only.*

AFFIRMATION:

I verify that the information on this application is true and accurate, and that I meet the eligibility requirements for the membership category checked. I further affirm that I will abide by NASP'S Principles for Professional Ethics and agree to submit to NASP's procedures for adjudicating alleged violations of same.

(Printed Name)

(Signature)

(Date)

Make check, money order, or purchase order payable to KAPS.

Send payment and membership form to:

Lauren Martin, c/o KAPS, 443 Helmwood Circle, Mt. Washington, KY 40047