



Association of Psychology in Newfoundland Labrador

P.O. Box 26061, RPO LeMarchant Road, St. John's, NL A1E 0A5

Membership Application and Renewal Form

Return with fees by January 31st of each year
Late fee (\$10.00) will apply

- Membership Renewal (complete pages 1-3)
- New Member (complete pages 1-4)

Note: APNL does not share mailing lists with other organizations or agencies

Title: _____ (Dr., Ms., Mrs., Mr.) Name: _____
 <u>Preferred Mailing Address</u>
Address: _____ _____
Postal Code: _____
Telephone: _____
Fax: _____
E-Mail: _____ (PLEASE PRINT E-MAIL CLEARLY)
(Note: Your e-mail address is required for important communication from APNL to you!)
<u>Work Settings</u> (Check all that apply):
<input type="checkbox"/> Health <input type="checkbox"/> K-12 Education <input type="checkbox"/> Post Secondary <input type="checkbox"/> Private Practice <input type="checkbox"/> Other
Position: _____
APNL # _____ NLPB # _____ CPA # _____
APA # _____ CRHSPP # _____ (please indicate if any of these #'s apply to you)

APNL Membership Fees

Please use the chart below to calculate your membership dues. Locate the date you are renewing in the far left column. Locate your membership category at the top, and use the two to calculate your dues. *Note: Membership in CPA qualifies APNL members for a discount on fees. The CPA membership number must be submitted in order to qualify for the discount.

There is a \$10 late fee charged for all dues paid after January 31. We offer a 50% discount on original rate after June 30, however the late fee still must be included. Please circle the amount you are paying.

	Member (see description below)		Student Member (see description below)		Grand-fathered Affiliate (see description below)	
<u>Date of renewal</u>		CPA member		CPA member		CPA member
Before January 31	\$70	\$66.50	\$14	\$13.30	\$70	\$66.50
January 31-June 30	\$80	\$76.50	\$24	\$23.30	\$80	\$76.50
After June 30	\$45	\$43.25	\$17	\$16.65	\$45	\$43.25

Please make all checks payable to APNL

MEMBER

Requirements: Master's degree OR Doctoral degree in Psychology from a recognized University as judged by the Executive

STUDENT

Requirements: Full-time student who is actively engaged in studies pursuant to higher qualifications in Psychology as deemed appropriate by APNL Executive

GRAND-FATHERED AFFILIATE

Requirements: Individuals holding status of AFFILIATE as of June 2005, and who do not meet the requirements of MEMBER or STUDENT

I would be interested in serving on an APNL Committee. Please specify if you have interest in a particular committee: _____

As a member of APNL, I agree to abide by the Canadian Code of Ethics for Psychologists (2000), as adopted by the Association of Psychology in Newfoundland & Labrador. I affirm that the information provided in this application is true.

Signature: _____ **Date:** _____

CONSENT FOR PUBLICATION OF NAME/ CONTACT INFORMATION
(Public Viewing Section of APNL website)

APNL would like to provide an opportunity to members to avail of internet networking. Therefore APNL requires written consent for the publication of personal information on the APNL website. This information is for public viewing. Please complete the following **TWO** sections by checking **YES** or **NO**.

A. I consent to the publication of my **NAME ONLY** on the public viewing section of APNL website. I may withdraw this consent at any time, in writing, addressed to the Membership Committee Chair.

YES **NO**

B. **NO**, I do not wish my **CONTACT INFORMATION** to be available on the public viewing section of the APNL website.

YES, I do wish my **CONTACT INFORMATION** to be available on the public viewing section of the APNL website as shown below. I may withdraw this consent at any time, in writing, addressed to the Membership Committee Chair.

Title and Name: _____

Business/Organization: _____

Address: _____

Postal Code: _____

Telephone: _____

Fax: _____

E-Mail: _____

Website: _____

For Office Use Only:

Receipt #: _____ Amount: _____ Accepted: _____

APNL #: _____ Receipt Sent: _____ Date: _____

FOR NEW MEMBERS ONLY

Sponsor's Name (please print): <i>[Note: YOUR SPONSOR MUST BE AN APNL MEMBER]</i>	APNL Membership #:
Sponsor's Signature:	Date:

<p><i>EDUCATIONAL QUALIFICATIONS (NEW MEMBERS ONLY):</i> Most recent University attended: _____ Degree: _____ Specialty: (i.e., clinical, school psychology) Date Anticipated /Completed: _____ <i>Other University Education</i> University attended: _____ Degree: _____ Specialty: _____ Date Completed: _____</p>
