

ALAMEDA COUNTY PSYCHOLOGICAL ASSOCIATION NEW MEMBER APPLICATION

Return completed application plus dues to: ACPA, 1164 Solano Avenue, Box 407, Albany, CA 94706
New memberships received after June 31 of any year renew December 31 of the following year.

Name _____ License No. _____
 Mailing Address _____ Phone _____ Suppress display of phone number on website
 City _____ State _____ Zip _____ Suppress display of address on website
 E-Mail _____ Suppress display of email on website.

Are you a member of CPA? Yes No Are you a member of APA? Yes No
 Membership in the California Psychological Association (CPA) and the American Psychological Association (APA) is recommended, but not required, for membership in ACPA.

HIGHEST DEGREE	MONTH/YEAR	INSTITUTION	CITY AND STATE	AREA OF CONCENTRATION
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LICENSE TYPE	STATE	NUMBER	DATE LICENSED (MONTH/YEAR)
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List other licenses indicating type, state, and date issued _____

Full Members: Work as a psychologist or reside within Alameda County OR hold a doctorate or equivalent degree in psychology, or a license as a psychologist in the State of California, OR are a Diplomate of the American Board of Professional Psychology.	General Membership	\$120	_____
	3rd Year of Licensure	\$90	_____
	2nd Year of Licensure	\$75	_____
	1st Year of Licensure	\$60	_____

Associates: Hold a masters degree in psychology or equivalent and work or reside within Alameda County. \$100 _____

Affiliates: Those interested in psychology who do not meet the criteria for any other membership category. \$50 _____

Graduate Student Members: Are enrolled in a graduate psychology program or engaged in a postdoctoral psychology training program in Alameda County. \$25 _____

Out-of-county Members: Psychologists, Associates, or Affiliates who live and work out of county and wish to participate in ACPA. Which county associations do you belong to? \$50 _____

Voluntary PAC Contribution: The CPA-PAC supports legislative activities to protect and promote the practice of psychology in California. This contribution is a non-deductible expense. _____

NOTE: ACPA Membership expires on the first of _____ **TOTAL DUES REMITTED \$** _____
 each year, and must be renewed annually. **(Please make check payable to ACPA)**

PLEASE READ THE FOLLOWING DECLARATION OF PROFESSIONAL ETHICS, AND THEN INDICATE YOUR CONFORMITY BY CHECKMARK AND SIGN AND DATE BELOW:

I have never had action taken against me for unprofessional conduct by a licensing agency or professional organization.	True <input type="checkbox"/>	False <input type="checkbox"/>	
I have never been convicted in a court of law of a criminal charge.	True <input type="checkbox"/>	False <input type="checkbox"/>	
I am not currently being investigated by any of the above.	True <input type="checkbox"/>	False <input type="checkbox"/>	
The information that I have provided is true and verifiable.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I adhere to the APA Code of Ethics.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

If you have answered false or no to any of the above, attach a detailed letter of explanation.

The information on this application will be made available to the public on the ACPA website full membership list and the Online Referral Service only for full, licensed members, unless otherwise indicated by the member. Please check the appropriate boxes to suppress information you do not want on the ACPA website. Psychology graduate student members will be listed on the website membership list under that heading.

Signature _____ Date _____

THANK YOU FOR SUPPORTING YOUR LOCAL PSYCHOLOGICAL ASSOCIATION