

# ALAMEDA COUNTY PSYCHOLOGICAL ASSOCIATION NEW MEMBER APPLICATION

**Return completed application plus dues to: ACPA, 4200 Park Blvd., #200, Oakland, CA 94602**  
*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 \_\_\_\_\_

<b>Full Members:</b> Work as a psychologist or reside within Alameda County, and (a) hold a doctorate or equivalent degree in psychology, or (b) hold a license as a psychologist in the State of California or (c) 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	_____
Enhanced Directory Listing (this is in addition to the Full Membership fee)		\$50	_____
<b>Associates:</b> Hold a masters degree in psychology or equivalent and work or reside within Alameda County.		\$100	_____
<b>Affiliates:</b> Those interested in psychology who do not meet the criteria for any other membership category.		\$50	_____
<b>Graduate Student Members:</b> Are enrolled in a graduate psychology program or engaged in a postdoctoral psychology training program in Alameda County.		\$25	_____
<b>Out-of-county Members:</b> 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  False   
**I have never been convicted in a court of law of a criminal charge.** True  False   
**I am not currently being investigated by any of the above.** True  False   
**The information that I have provided is true and verifiable.** Yes  No   
**I adhere to the APA Code of Ethics.** Yes  No

**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