

# IRANIAN AMERICAN PSYCHOLOGICAL ASSOCIATION

MEMBERSHIP APPLICATION:

NEW MEMBER

MEMBERSHIP RENEWAL

## PERSONAL INFORMATION

NAME:

LAST

FIRST

M.I.

TITLE

ADDRESS:

STREET

CITY

STATE

ZIP

PHONE: ( ) - ( ) - ( ) -

HOME

WORK

CELL

COUNTRY OF RESIDENCE:

GENDER:  MALE  FEMALE

EMAIL ADDRESS:

TYPE OF SERVICE:

PRIVATE PRACTICE

EMPLOYER:

OTHER:

I AM A MEMBER OF:

APA

CPA

LACPA

OTHER:

HIGHEST DEGREE:

CHECK ALL THAT APPLY:

SPECIALTY AREAS:

SPECIALTY AREAS:

PSYCHOLOGIST

RN

UNDERGRADUATE STUDENT

PSYCHIATRIST

MD

GRADUATE STUDENT

I AM A:

CSW

CONSUMER

DISCIPLINE/MAJOR:

MFT

FAMILY MEMBER

YEAR:

OTHER

PLEASE CHECK ONE:

I AM CURRENTLY:  LICENSED

LIC. #:

DATE ISSUED:

EXP. DATE:

TYPE OF LICENSE:

PRE-LICENSED

DOES NOT APPLY TO ME

HAVE YOU AT ANY TIME BEEN CONVICTED OF A FELONY, SANCTIONED BY ANY PROFESSIONAL ETHICS BODY, LICENSING BOARD, OR OTHER REGULATORY BODY OR BY ANY PROFESSIONAL OR SCIENTIFIC ORGANIZATION?

Yes

No

IF YES, PLEASE PROVIDE EXPLANATION AND ATTACH IT TO THE APPLICATION.

## MEMBERSHIP STATUS AND FEES: PLEASE CHECK ONE

FULL MEMBER (LICENSED PROFESSIONAL) .....\$150

ASSOCIATE MEMBER (PRE-LICENSED CLINICIAN) .....\$100

AFFILIATE MEMBER (DISCIPLINES OTHER THAN PSYCHOLOGY) .....\$100

ADVISORY MEMBER (ANY MEMBER STATUS WITH 20+ YEARS EXPERIENCE).....\$100

INTERNATIONAL MEMBER (ANY MEMBER STATUS WHO LIVES OUTSIDE OF U.S.).....\$20

STUDENT MEMBER (GRADUATE OR UNDERGRADUATE IN PSYCHOLOGY OR ITS EQUIVELANT).....\$50

IAPA FOUNDATION SUPPORT (OPTIONAL).....ANY AMOUNT \$ \_\_\_\_\_

MEMBERSHIP RENEWAL  NEW MEMBER

ALL ANNUAL MEMBERSHIP FEES AND SUPPORT ARE TAX DEDUCTIBLE.

## METHOD OF PAYMENT:

PLEASE MAKE CHECKS PAYABLE TO: IAPA

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

## PROFESSIONAL ETHICS DECLARATION:

I HAVE READ AND AGREEE TO ABIDE BY THE CODE OF ETHICS OF THE IRANIAN AMERICAN PSYCHOLOGICAL ASSOCIATION (IDENTICAL TO THE CODE OF ETHICS OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION).

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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