



MSPA Membership Application/Renewal Form

July 1, 2010 – June 30, 2011



Please print neatly and fill out this form completely

I am a _____ New Member _____Renewing Member

Cost: _____\$65 Certified School Psychologist
 _____\$60 Associate Membership (functioning in a related field)
 _____\$35 Transitional Membership (Full time School Psychologist in **first 2 years** of practice)
 Please note year of graduation and training program _____
 _____\$35 Retired
 _____\$15 Student University _____ Supervisor Signature _____

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Primary Email: _____ Secondary Email: _____

Workplace: _____ Grade/Age Group: _____

Specialty Area(s): _____

Are you bilingual? If so, language(s): _____

Are you a member of NASP? _____Yes _____No

For joint membership, please check appropriate line and MSPA will return 30% of your dues to the WMSPA or Cape Cod Chapter. _____WMSPA _____Cape Cod

Would you like your contact information to be shared in our Membership Directory? _____Yes _____NO

MSPA Initiatives and Foundations

Please consider making a contribution of \$10 or more by enclosing a separate check made payable to:

_____ **SPILLA (School Psychologists of Licensure and Legislation)** - our licensing and vendorship effort. It is through contributions like yours that we are able to enlist the assistance of our lobbyist on Beacon Hill.

_____ **MSPA Minority Scholarship Award** – our financial scholarships awarded to selected minority graduate students of school psychology.

Donations are 100% tax deductible. Thank you!

Please make checks **payable to MSPA** and mail to:
Bob Babigian
247 Chestnut Hill Ave #5
Brighton, MA 02135

