



MSPA Membership Application/Renewal Form September 1, 2011 - August 31, 2012



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: _____

Permanent Email: _____ Work/School Email: _____

Workplace: _____ Grade/Age Group: _____

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

Would you be interested in taking an active role involved in MSAP? _____ Yes _____ No

Please provide suggestions to enhance MSPA Member Services: _____

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

Would you like MSPA related correspondences shared electronically (i.e. newsletter)? _____ Yes _____ NO

MSPA Initiatives and Foundations

*Please consider making a contribution 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

12 Taft Mill Road South Grafton, MA 01560