



# Florida Psychological Association

## Application For Student Membership

### Eligibility for Student Membership

Must be a student in a college or university psychology program. This includes being in an internship program or doing post-graduate residency.

### Dues

Annual - \$10.00

### Status

Student members are non-voting members of the Association.

Students must notify FPA if they leave the program or receive their degree.

### Instructions

Please complete all items and have application signed by department chair, internship director or director of clinical training. Mail application and payment: FPA Student Membership, **Mail: PO Box 7416, Tallahassee, FL 32314-7416**

### PLEASE TYPE OR PRINT ALL INFORMATION

Your full name: \_\_\_\_\_ Informal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Twitter handle: @\_\_\_\_\_

School Currently Attending/Most Recently Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Department: \_\_\_\_\_ Degree Seeking: PhD PsyD EdD

Is school APA approved? Yes No Major Specialization: \_\_\_\_\_

**METHOD OF PAYMENT** I have enclosed \$\_\_\_\_\_ for the first year dues.

Check #\_\_\_\_ Visa M/C Amex Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ CID\*: \_\_\_\_\_

(\*Security code for V/MC and Discover is a 3-digit # on the back of the card. Amex has a 4-digit # on the front of the card.)

I hereby authorize the Florida Psychological Association (FPA) to make inquiries as it deems appropriate in connection with this application for membership, with any individuals, agencies, organizations or other reference sources. In the course of the membership committee's investigation of my qualifications for membership, I hereby hold harmless FPA from any claim arising from its investigation. I invite anyone so contacted by the membership committee to answer and respond freely, frankly and without fear of claim of damage by me, and to report to the membership committee any knowledge which may be relevant to the inquiry of the committee. I understand and agree that, in the event my membership is not accepted by FPA's Executive Committee, the reason(s) will not be made public to any person, including myself.

I agree to abide by the ethical principals set forth by the American Psychological Association and I certify all statements made herein are true and accurate to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

Signature of Endorser: \_\_\_\_\_  
(instructor/department head)

Title: \_\_\_\_\_ Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**The Florida Psychological Association**  
**Mail to: PO Box 7416, Tallahassee, FL 32314-7416**  
**Phone: 850-656-2222**  
**Fax: 1-850-344-9085**