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 www.ncapp.org  
 membership@ncapp.org

## 2009-2010 Membership Application

### Memberships Are Effective Through December 31, 2010

New member.  Renewing member. Year you first joined NCAPP: \_\_\_\_\_  Records update

**Dues payment enclosed:**  \$45 Standard Membership  \$25 Retired Practitioner and Student Memberships

Please print and complete **the entire form** and mail it to the above address with your dues payment by check or money order. To complete this form online and pay using PayPal, visit <http://ncapp.org/memberapp.html>. Call us at 828 258-1644 or email us at [membership@ncapp.org](mailto:membership@ncapp.org) if you have questions. Thank you, and welcome to NCAPP.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail all NCAPP correspondence to my business mailing address:

Address (Line 1): \_\_\_\_\_

Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please mail all NCAPP correspondence to my home address: (necessary to determine legislative districts)

Address (Line 1): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ NC House District (if known) \_\_\_\_\_ NC Senate District \_\_\_\_\_ (if known)

Telephone Numbers and Email

Home: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Mobile: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_  OK to send email.

Your highest educational degree: \_\_\_\_\_ Year you became licensed in North Carolina \_\_\_\_\_

Current licensure:  LPA  Practicing Psychologist  Other (specify) \_\_\_\_\_

Your Specialty (check one)  Clinical (1)  School (4)  
 Counseling (2)  Other \_\_\_\_\_ (9)  
 Educational (3)  Check here if your position is salaried

Employer name: \_\_\_\_\_  Unemployed  Retired

Primary category of employment (check one):

- |  |   |
|--|---|
| <input type="checkbox"/> Private/Group Practice (01)     | <input type="checkbox"/> Hospital (06)                          |
| <input type="checkbox"/> Public School System (02)       | <input type="checkbox"/> Non-gov. health care organization (07) |
| <input type="checkbox"/> Educational Institution (03)    | <input type="checkbox"/> DEC (08)                               |
| <input type="checkbox"/> Mental Health Center (04)       | <input type="checkbox"/> Business/industry (09)                 |
| <input type="checkbox"/> Prison/Correctional System (05) | <input type="checkbox"/> Private/Nonprofit Agency (10)          |
| <input type="checkbox"/> Other _____ (99)                |   |

Please check your areas of expertise and possible interests in serving your fellow-LPAs through your membership in NCAPP:

- |  |  |
|--|--|
| <input type="checkbox"/> Membership development and support                  | <input type="checkbox"/> Fundraising activities and support                |
| <input type="checkbox"/> Mentoring students and less-experienced colleagues  | <input type="checkbox"/> Supporting legislative efforts, lobbying          |
| <input type="checkbox"/> Writing for the newsletter, posting on the web site | <input type="checkbox"/> Providing web site technical support (WordPress)  |
| <input type="checkbox"/> Continuing education and professional development   | <input type="checkbox"/> Helping organize and set up meetings and seminars |
| <input type="checkbox"/> Board membership                                    |  |