



P.O. Box 196
Bethania, NC 27010
Voice Mail: (704) 990-6582
http://ncapp.org
membership@ncapp.org

2010-2011 Membership Application

Memberships Are Effective Through June 30, 2012

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. Call us at 704-990-6582 or email us at 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 | |