



Membership Application
Society of Counseling Psychology Division 17
A division of the American Psychology Association

Name: _____

APA Membership Number _____
(if applicable)

Address: _____

APA Status (if applicable):

- Fellow International Affiliate
 Member Graduate Student Affiliate
 Associate Member Undergraduate Student Affiliate

Phone: _____

Fax: _____

Membership Categories/Dues:

- APA member who wishes to join Div. 17. (\$37)
 APA member who wishes to join Div. 17 for the first time and was most recently a SAG member. (\$18)

E-mail: _____

Highest Degree: _____

Professional Affiliate. Masters or doctoral level counseling psychologist (or related discipline) who is not an APA member and who wishes to join as a non-voting member. (\$70)

School: _____

International Affiliate. Masters or doctoral level counseling psychologist (or related discipline) who need not belong to APA and who wishes to join as a non-voting member. (\$17)

Date Awarded: _____

Work Setting: _____

Graduate Student member. (\$17) Please obtain a signature from the program chair or your faculty advisor verifying that you are a graduate student in the program indicated.

Position: _____

Gender: Female Male

Race/Ethnicity (check all that apply):

- American Indian/Alaskan Biracial/Multiracial
 Asian American Black/African American
 European American/White Latino/Latina
 International (please specify) _____
 Other: _____

Undergraduate Student Member. (\$17) Please obtain a signature from a faculty member to verify that you are an undergraduate student.

Chair/Advisor/Faculty Member's Signature Date
(for student membership only)

Payment Options (Check, money order, or credit card in US dollars, drawn on a US bank, payable to American Psychological Association)

- Check or money order **payable to "APA Division 17"**
 Credit card – Visa, MC or American Express only: Card number: _____
 Expiration date (Month/ Year): _____ Name on card if different than above: _____
 Billing address for cardholder if different than above: _____
 I authorize the above checked amount to be billed to my credit card: _____
 Cardholder's signature _____

Please mail to: APA Division Services Office, 750 First Street NE, Washington DC 20002-4242. If you wish to join APA, contact APA Membership at the previous address or (800) 374-2721 or e-mail: membership@apa.org.

**For further Division 17 membership information
or to learn more about our Student Affiliate Group,
visit our website at www.div17.org.**