

Membership Application

Section on College and University Counseling Centers

American Psychological Association
Division 17: Society of Counseling Psychology

Name:			
Name of College or University:			
Highest Degree Awarded:			
Type of Work Setting:			
Position:			
Address:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered			
<u>Indicate Type of Membership</u>		APA Membership #:	
<input type="checkbox"/> Section Member (Associate Member, Member, or Fellow of Division 17)			
<input type="checkbox"/> Professional Affiliate (Affiliates of the Division, or Fellows or Members of APA who are not members of the Division but who have an interest in the purposes of the Section)			
<input type="checkbox"/> Student Affiliate (Any student belonging to APAGS or Division 17 SAS) (Membership Fee Waived)			
Phone Number:		Fax Number:	
<input type="checkbox"/> New Membership		<input type="checkbox"/> Renewal	
Email:			
May we put your mailing/phone information on our webpage?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would You Like To Be Added To The Listserv?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Already On Listserv <input type="checkbox"/>	
SIGNATURE:			DATE:

PLEASE LIST ANY IDEAS YOU HAVE FOR FUTURE SCUCC PROJECTS:



Please Send the \$10 Membership Dues and Completed Application To:

John R. Crossen, Ph.D.
Student Health Service (L587)
Oregon Health & Science University
3181 SW Sam Jackson Park Road
Portland, OR 97239-3098

Checks Payable To: Division 17 SCUCC
Centers EIN for Division 17 is 52-1564001