



**Membership Application 2013  
Society of Counseling Psychology Division 17**

A division of the American Psychological Association

**Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Highest Degree:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Date Awarded:** \_\_\_\_\_

**Work Setting:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Gender:**

- Female                       Male  
 Transgender (please specify) \_\_\_\_\_

**Race/Ethnicity** (check all that apply):

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

**APA Membership Number** \_\_\_\_\_  
(if applicable)

**APA Status** (if applicable):

- Fellow                               International Affiliate  
 Member                               Graduate Student  
 Associate Member     Undergraduate Student

**Membership Categories/Dues:**

**Member/Fellow.** APA member or fellow who wishes to join Div. 17. (\$37)

**Recent Graduate Member/Affiliate.** Completed doctoral degree within the previous year. Membership fee waived for first year.

**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)

**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)

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

**Undergraduate Student Affiliate.** (\$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 affiliates only)

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**Payment Options**

Check or money order in US dollars, drawn on a US Bank payable to "APA Division 17"

Credit card:

- Please Circle – 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](mailto:membership@apa.org).