

Arkansas Psychological Association

Application for Membership

P.O. Box 21220
Little Rock, AR 72221
Office: (501) 614-6500
Fax (501) 224-0988
Web: www.arpapsych.org Email: office@arpapsych.org



Membership Category	
	Annual Dues
<input type="checkbox"/> Full Active Member	\$225
<input type="checkbox"/> Early Career Psychologist	\$145
<input type="checkbox"/> Full-Time Academician	\$150
<input type="checkbox"/> Affiliate	\$100
<input type="checkbox"/> Student Associate	\$25

See page 2 for category descriptions

Last Name: _____ First Name: _____ MI _____
Address _____ City _____ State _____ ZIP _____
Home Phone: _____ Email Address: _____
Degree: _____ Year of Degree: _____ Graduate School/Program: _____
Year Licensed: _____
Professional Setting:
 Private Practice Academic Outpatient Clinic Hospital Psychiatric Full-Time Student
Professional Activities:
 Psychotherapy Psychological Assessment Teaching Research Full-Time Student
Place of Employment: _____
Address: _____ City: _____ State: _____ ZIP _____
Phone: _____ FAX: _____
Areas of Expertise: _____

Do you wish to subscribe to ArPA members only email Listserv? Yes No
How would you like to receive ArPA newsletters and brochures? Electronically Mail
Which mailing address would you prefer to be used for dues renewals? Home Work

Amount: \$ _____
Check # _____ / Visa MasterCard
Card#: _____ - _____ - _____ - _____
Exp. Date: _____ VIN # _____
Cardholder Signature: _____

Professional Ethics Declaration:
Have you ever had any action taken against you by a professional organization or a state licensing agency?
 Yes No
To your knowledge, are you presently under investigation by any organization or state licensing agency?
 Yes No
Have you ever been convicted of a felony or had any judgments of malpractice entered against you?
 Yes No

If you answered "yes" to any of the above items, please list on a separate sheet of paper each instance, describing briefly the events leading up to the case, the outcome and its relevance to the practice of psychology. This information will be kept confidential. Failure to complete all questions and statements may result in a delay of application processing. I have read and I agree to abide by the Code of Ethics of the American Psychological Association. I also certify that all information on this form and any attached forms is true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Membership Category Descriptions and Dues:

Active Member

1. Individuals who hold a doctoral or master's degree in psychology or are licensed by the Arkansas Psychology Board.
2. Must actively engage in the practice, research, teaching, or study in the field of psychology.
3. Must reside in or are employed in the state of Arkansas at the time of application or renewal.

Early Career Psychologist/Provider

Individuals who are within seven years of receiving their doctorate.

Academician

Individuals who meet qualifications as an Active Member and their primary professional activity is faculty of an educational institution.

Student Associate

Full time undergraduate or graduate student, majoring in psychology at the time of their application or renewal.

ArPA Affiliate

Individuals who are interested in the work of ArPA, but lack the credentials to qualify as an Active Member (e.g., social worker, psychology technician, previous members who have moved out of state and maintain no practice in Arkansas).

If you would like contribute to ArPA legislative work, members are asked to pay a special assessment of \$50. As a new member, this assessment is not required but would be appreciated if you elect to contribute.

I would like to pay the special assessment of \$50. Yes Not at this time.

All applications must be approved and voted on by ArPA Board of Directors; dues are not processed until approval has been made by the board.

ArPA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. ArPA estimates 7.0% of your dues are not deductible because of lobbying activities on behalf of its members. The ArPA Board meets every-other month. You will begin receiving ArPA newsletters and conference tuition discounts upon approval of this application. If you have questions regarding membership, please contact ArPA central office office@arpapsych.org.

Thank you for your interest in ArPA.

Send Application and Payment to:

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