

2019- 2020 Membership Application

Please print, submit one application per member, and return this form with payment to:

MASP
Attention: Tracy Hobbs, Membership Chair
20353 Hunter Ridge, Lake Ann, MI 49650-8705

Name _____

E-Mail Address *(please print clearly; you must provide a valid e-mail address in order to participate in MASP nominations and elections)* _____

- Check here if all information remains the same as previous year. If you were a member last year and are renewing, you only need to indicate any information that has changed and sign the application.

_____ Mailing Address

_____ City

_____ State

_____ Zip

_____ Home Phone or Cell

_____ Work Phone

_____ Ext.

_____ Employer

_____ County of Employment

MEMBERSHIP TYPE

- \$80** Current School Psychologist
- \$80** Consultant, supervisor, or administrator in school psychological services or related area
- \$80** Primarily engaged in training of psychologists in a college or university
- \$25** Retired
- \$25** Student in a Michigan college or university enrolled in at least 6 semester hours leading to a degree in school psychology and not employed full time.
Name of College/University: _____
Signature of Adviser: _____
- \$40** Early Career. Applies to an individual who has graduated from a school psychology graduate program and is in his/her first year of practice.

Method of Payment

- Check enclosed payable to: MASP

PayPal

Please go to www.maspweb.com and click on *Join Us*. That link will take you to PayPal where you can renew your membership. You do not need to forward this application to us.

MASP respects your right to privacy. Periodically, in an effort to support University sponsored research, MASP may share membership information; please indicate here if you do not want your information shared:

The above information is true and correct to the best of my knowledge:

Signature: _____ Date: _____