



Institute of Professional Psychologists Membership Application Form

For Office Use

Date Received
Evaluated by
Date Approved
Member Grade
Member Number
Certificate Issued

PLEASE TYPE or PRINT

Please read instructions regarding dues amount and membership class.

Affiliate Member Associate Member Full Member Diplomate Fellow Member

Title: Prof Dr Mr. Mrs. Ms. Date of Birth _____ ID No. _____

NAME: _____
 Last name (Family name) First Name (given name) Middle names

HOME MAILING ADDRESS:

TEL Office: _____ TEL Home: _____

Fax: _____

E-mail address: _____

Paste
Passport /
Stamp Size
Photograph
Here

PROFESSIONAL ADDRESS (if different from Mailing Address):

Position _____ Institution/Practice _____

Address _____

Country _____

DEGREES OR CERTIFICATES (Highest appropriate): Degree, date, major subject, institution, location.

AFFILIATE MEMBER Only: Institution _____

Major Profession _____ Anticipated degree _____ Date _____

(All information MUST be included)

EXPERIENCE: Dates, title, institution, location. Your last 2 positions. or last ten years.

MEMBERSHIPS IN PROFESSIONAL SOCIETIES: Society name, date of admission, class of membership.

TWO ENDORSERS: Names, addresses, and signatures

If your interest in INSTITUTE OF PROFESSIONAL PSYCHOLOGISTS was encouraged by someone other than an endorser, please give name (s):

LANGUAGES _____

"I agree to be a member of INSTITUTE OF PROFESSIONAL PSYCHOLOGISTS and thereby give my consent for the Institute to hold limited personal information about myself (e.g. name, address, phone, fax, email, URL and research interests) on an electronic database for administrative purposes of the Institute. I understand that this database will also be available on the Institute's website (with protected password access for members). I also understand that the society may make a membership list available to the members of the INSTITUTE OF PROFESSIONAL PSYCHOLOGISTS, who request it for research purposes."

Signature _____ Date _____

INSTITUTE OF PROFESSIONAL PSYCHOLOGISTS Membership year is Jan 1 - Dec 31. Application/DUES received after August 15 will be credited for the following year.