

TAPA

Texas Association of Psychological Associates

P.O. Box 601374, Dallas, Texas 75360-1374

txapa@att.net • www.txapa.net

____ New Member/ Friend
____ Renewal

Membership

Date _____

Name _____ L.P.A. Certificate # _____

Address _____ County _____

City _____ State _____ ZIP _____ Email _____

Phone (H) (____) _____ (W) (____) _____ Fax (____) _____

State Senator* _____ State Representative* _____

*(Find this information at Who Represents Me? on Texas Legislature Online at www.capitol.state.tx.us/)

Highest degree _____ Job Title _____

Place(s) of employment _____

Primary interest(s) _____ Counseling/Therapy _____ Assessment _____ Behavior Management
_____ School _____ Research _____ Other _____

How many years of experience do you have in the field of psychology? _____

Do you speak another language? _____ What language? _____

In what state did you receive your masters degree in psychology? _____

From what university? _____

Other Licenses or Certificates _____

Other memberships: APA _____ APS _____ TPA _____ TPA School Div _____ NASP _____
TASP _____ NAMP _____ Other _____

Dues

____ \$ 100.00 Professional member or member of Friends of TAPA

____ 145.00 Advocate member or member of Friends of TAPA

____ 45.00 Retired or Student member (limited to full-time students) Signature of Advisor _____

____ 500.00 Contributor (includes membership in TAPA or Friends of TAPA)

____ I pledge \$ _____ every month through May, 2017

____ Additional contribution to our **Legislative Advocacy Fund**

____ **TOTAL** (Make check payable to Texas Association of Psychological Associates)
Mail to TAPA, P.O. Box 601374, Dallas, TX 75360-1374 OR

Use PayPal on our website, www.txapa.net and fill out our online form.