

Application for Membership — *APA Division 36*

Name: _____
Last First Middle Initial

Street Address: _____

City, State, & ZIP Code: _____

E-mail: _____

Home Phone: _____ Office Phone: _____

Are you an APA member: Yes No

If yes, APA Member Number: _____

Status sought in Division 36 (check one)

- Member Associate
 Professional Affiliate Student Affiliate

Payment of \$40 membership fee (\$30 for Student Affiliates)

- I have enclosed my check for my membership fee (Make checks payable to **APA Divisions**)
 Please charge my credit card for the fee:
 Visa MasterCard American Express

Card Number _____

Expiration Date: _____ Security Code: _____

Cardholder Name: _____

Billing Address: _____

Authorized Signature: _____

Date: _____

Fax application to 202-218-3599 or mail to
APA Division Services Office
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242