

Application for Membership in SPSMM
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Name: _____

Address: _____

Home Telephone: ____ (____) _____ - _____

Office Telephone: ____ (____) _____ - _____

Email: _____ @ _____

APA Membership Status:

- Member/Fellow Associate Member
 Student Affiliate Non-APA Member

APA Membership No.: _____

SPSMM Membership Status Desired:

- Member (Psychology Doctorate, APA Member/Fellow) • \$25
 Associate Member (Associate Member of APA) • \$25
 Student Affiliate (Student Affiliate of APA) • \$5
 Affiliate (Interested in SPSMM & Non-APA Member) • \$25

Sex: Male Female

Race/Ethnicity:

- European-American African-American Hispanic/Latino
 Asian/Pacific Islander American Indian/Alaskan Other

Education:

PhD EdD PsyD MA/MS MD Other

Make check payable to Division 51, SPSMM. Send application & check to
Division 51 Administrative Office, American Psychological Association, 750 First
St., NE, Washington, DC 20002-4242.