

Illinois Psychological Association Membership Application 2019-2020 Membership Application IPA Fiscal Year runs July 1– June 30

JOIN ONLINE AT: <u>www.illinoispsychology.org</u>

Applicant Information

	Name		Highest Degree	Year Granted	School		
Please o	complete both work and hom	e addresses. Check a box for your p	preferred mailing addres	SS.			
□ we	ork						
	Independent Practice or E	mployment Setting					
	Street		City		State	Zip	
	() Business Phone	()Busine	ess Fax				
	Title	Nature	e of Business				
🗖 Ho	me Street		City		State	Zip	
	()		eny		Build	Ър	
	Home Phone	Home Fax	Email			······	
Type of	f Membership (Please Chec	k one of the following):					
	Full Membership – Lice	nsed – Must be currently licensed in	the state of Illinois Lic	ense #:		Year Licensed	
	Full Membership – Not Licensed – Applicant has a doctoral degree in psychology but is not a licensed psychologist. Applicant must meet the following requirement. Earned a doctoral degree in psychology from a program accredited by the Council of Post Secondary Accreditation or accredited by the American Psychological Association.						
	Student Member – Appl	icant is a full-time tuition paying stud	dent, who is majoring in	psychology or an in	tern/resident in ps	ychology.	
	Name of School						
	Affiliate Member – Applicants have an interest in psychology. Such as, but not limited to certified paraprofessionals, high school teachers and members of the general public. Affiliate Members are considered non-voting members of the Association. Affiliate Members may serve as members of committees of the Association and participate in programs and discussions of issues.						
	Out-of-State Member – Applicant is a former member, who has relocated to another state or a psychologist or psychology graduate student from another state who wished to be affiliated with the Association.						om another
ETHN	CITY CATEGORY						

- 🗖 African American/Black 🗖 American Indian/Alaska Native 🗖 Asian American/Asian/Pacific Islander 🗖 Hispanic/Latino/Latinx
- European American/White Prefer not to answer

PLEASE READ AND SIGN

In making this application, I agree to be bound by the Ethical Principles of Psychologists and the Code of Conduct of the American Psychological Association. I affirm that the statements made in this application correctly represent my qualifications for membership and understand that if they do not, my membership may be voided. I understand that my membership in IPA does not certify my competence in any area of psychology. I will not use my membership in IPA as an indication of my competence in any representation to the public.

Membership may be denied to an applicant for cause, which includes but is not limited to disciplinary action for ethical reasons by the American Psychological Association, disciplinary action by any Psychology Licensing Board (including but not limited to censure, suspension, revocation or denial of licensure), misrepresentation of qualifications to the public or the Association, or any cause that constitutes grounds for disciplinary action by the Illinois Clinical Psychologists' Licensing and Disciplinary Board.

Signature:

Date:

2019-2020 Membership Application

Dues:

Step 1: Membership Type (See Page 1 for Membership Type definitions)

Full Member:

Early Career Licensed Psychologist (ECP) Licensed in the past 5 years: Year licensed must be provided

First and Second year as an IPA member: \$140 plus \$30 Legislative and Income Based supplemental Assessment After year two, ECP psychologists move to Licensed Second Year Membership Dues: \$205 plus legislative fees

 Licensed (IPA Dues are discounted for first two years of membership) First year as an IPA member: Second Year: Third Year and Beyond: 	\$140 (Licensed Applicants pay this amount)\$205\$245
Non-Licensed Doctoral • First year as an IPA member: • Second Year: • Third Year and Beyond: • Fourth Year and Beyond: <u>Other</u>	\$95 \$110 \$125 \$140 plus \$60 Legislative and Income Based supplemental Assessment
Affiliate	\$140
Out-of-State (Student	\$50 \$40 (Includes membership in IPAGS)

Step 1: DUES TOTAL: \$____

Step 2: Section Membership – Optional (See www.illinoispsychology.org for Section Descriptions) (Circle choices)

Academic \$10 0 \$30 **Clinical Practice** 0 \$25 Consulting 0 Early Career Psychologists (first seven years out of grad school) \$10 0 Graduate Students (IPAGS) \$25 (included with Grad Student Membership) 0 \$10 Behavioral Medicine and Neuropsychology 0 Military Psychology \$10 0 Section on Ethnic Minority Affairs \$15 0 Sexual Orientation and Gender Identity \$15 0 Social Responsibility \$10 0 Women's Issues \$10 0

Step 2: SECTION MEMBERSHIP TOTAL: \$_____

Step 3a: Mandatory \$60.00 (\$30 for two year ECP) Legislative Assessment Fee for Licensed Members and 4th Year Non-Licensed Doctoral Members.

Step 3b:	Mandatory Supplemental Legislat	ive Assessment Fee for <u>Licensed</u>	Members and 4th	Year Non-Licensed	Doctoral Members
	If your annual net income is:	\$30,000 - \$50,000	\$80		
		\$50,001 - \$80,000	\$130		
		\$80.001 - \$110.000	\$170		

Over \$110,000

Step 3 Total (Step 3a + 3b) Legislative Assessment Fee: \$60. + \$___ = \$___

Explanation of the Licensed Psychologist Legislative Assessment Fee: The mandatory Base and Supplemental Legislative Assessments are collected exclusively for IPA Legislative and Advocacy activities. The IPA continually defends the rights of psychologists to continue to provide the services for which they are trained. The IPA also monitors activities and advocates for legislation that has an impact on the consumers we serve, consumers who are not organized to protect themselves. Legislative assessments are charged to all Illinois licensed psychologists with the rationale that even those psychologists who see only a few patients a week do so because the IPA works to protect that right.

\$200

Step 4: Add:	Step 1 Total \$ Step 2 Total \$ Step 3 Total \$			TOTAL DUE: \$		
Payment Method:		Enclose	ed is a check for \$			
Or Charge the Abo	ove Total to My:	🗖 Visa	□ MasterCard	Card Billing Address:	🗖 Home	Business
Card Number			Exp Date			
Signature						
Please complete this application form and mail it to:			67 East M C I	Psychological Association Iadison Street Suite 1817 Chicago, IL 60603 Fax: 312/372-6787 nce Call: 312-372-7610 X 20	1	