



Illinois Psychological Association Membership Application

2020-2021 Membership Application

IPA Fiscal Year runs July 1– June 30

Join Now and You Won't Have to Renew Until June 2021

JOIN ONLINE AT: www.illinoispsychology.org

Applicant Information

Name _____ Highest Degree _____ Year Granted _____ School _____

Please complete both work and home addresses. Check a box for your preferred mailing address.

Work

Independent Practice or Employment Setting _____

Street _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____

Business Phone _____ Business Fax _____

Title _____ Nature of Business _____

Home

Street _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____

Home Phone _____ Home Fax _____ Email _____

Type of Membership (Please Check one of the following):

Full Membership – Licensed – Must be currently licensed in the state of Illinois License #: _____ 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 – Applicant is a full-time tuition paying student, who is majoring in psychology or an intern/resident in psychology.

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.

ETHNICITY 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: _____

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

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: \$140 (Licensed Applicants pay this amount)
- Second Year: \$205
- Third Year and Beyond: \$245

Non-Licensed Doctoral

- First year as an IPA member: \$95
- Second Year: \$110
- Third Year and Beyond: \$125
- Fourth Year and Beyond: \$140 plus \$60 Legislative and Income Based supplemental Assessment

Other

- Affiliate \$140
- Out-of-State \$50
- Student \$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
- Clinical Practice \$30
- Consulting \$25
- Early Career Psychologists (first seven years out of grad school) \$10
- Graduate Students (IPAGS) \$25 (included with Grad Student Membership)
- Behavioral Medicine and Neuropsychology \$10
- Military Psychology \$10
- Section on Ethnic Minority Affairs \$15
- Sexual Orientation and Gender Identity \$15
- Social Responsibility \$10
- Women’s Issues \$10

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 Legislative Assessment Fee for Licensed 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	\$200

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.

Step 4: Add: Step 1 Total \$ _____
 Step 2 Total \$ _____
 Step 3 Total \$ _____ = **TOTAL DUE: \$**

Payment Method: Enclosed is a check for \$ _____

Or Charge the Above Total to My: Visa MasterCard **Card Billing Address:** Home Business

Card Number _____ Exp Date _____

Signature _____

Please complete this application form and mail it to:

**Illinois Psychological Association
 67 East Madison Street Suite 1817
 Chicago, IL 60603
 Fax: 312/372-6787
 For Assistance Call: 312-372-7610 X 201**