

Illinois Psychological Association Membership Application 2023-2024 Half Year Membership Application—<u>PAY ½ OUR USUAL MEMBERSHIP FEES</u> IPA Fiscal Year runs July 1, 2023–June 30, 2024

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

Applicant Information

		Name		Highest Degree	Year Granted	School		
Pleas	e con	nplete both work and home addr	resses. Check a box for you	ur preferred mailing address	5.			
	Work	٢						
		Independent Practice or Employment Setting						
		Street		City		State	Zip	
		()Business Phone	()	siness Fax				
		Busiless I none	Dus					
		Title	Nat	ture of Business				
01	Home			<u> </u>				
		Street		City		State	Zip	
		() Home Phone	() Home Fax	Email				
Туре	of M	lembership (Please Check one	of the following):					
		Full Membership – Licensed –	- Must be currently licensed	in the state of Illinois Lice	ense #:		Year Licensed _	
		Full Membership – Not Licens requirement. Earned a doctoral of American Psychological Associ	degree in psychology from a					
		Student Member – Applicant is	s a full-time tuition paying s	student, who is majoring in p	osychology or an in	tern/resident in ps	sychology.	
		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.						rom another	
ЕТН	NICI	TY CATEGORY						
	Africa	an American/Black 🗖 Americ	an Indian/Alaska Native	J Asian American/Asian/P	acific Islander	Hispanic/Latir	no/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: ____

2023-2024 Half-Year Membership Application

Dues:

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

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:	Assessment				
After year two, ECP psychologists move to Licensed Second Year Members	hip Dues: \$205 plus legislative fees				
Licensed (IPA Dues are discounted for first two years of membership)					
• First year as an IPA member:	\$140 \$70 (Licensed Applicants pay this amount)				
Second Year:	\$205				
Third Year and Beyond:	\$245				
Non-Licensed Doctoral					
• First year as an IPA member:	\$ 95- \$47.50				
Second Year:	\$110				
Third Year and Beyond:	\$125				
• Fourth Year and Beyond:	\$140 plus \$60 Legislative and Income Based supplemental Assessment				
Other					
Affiliate	\$ 140 \$70				
Out-of-State	\$50 \$25				
Student	\$15 \$7.50 (Includes membership in IPAGS)				
Step 1: DUES TOTAL: \$					

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

0	Academic	\$10 \$ 5
0	Clinical Practice	\$30_ \$15
0	Consulting	\$25 _\$ 12.50
0	Early Career Psychologists (first seven years out of grad school)	\$10 \$5
0	Graduate Students (IPAGS)	\$25 12.50 (included with Grad Student Membership)
0	Behavioral Medicine and Neuropsychology	\$10 \$5
0	Military Psychology	\$10- \$5
0	Section on Ethnic Minority Affairs	\$15 -\$ 7.50
0	Sexual Orientation and Gender Identity	\$15 \$7.50

Sexual Orientation and Gender Identity \$15 **\$7.50** Social Responsibility \$20 \$10.00 \$10-\$5

Women's Issues 0

0

Step 2: SECTION MEMBERSHIP TOTAL: \$_

Step 3a: Mandatory \$60.00 \$30(\$15 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-\$40 \$50,001 - \$80,000 \$130 \$65 \$80,001 - \$110,000 \$170-\$**85** Over \$110,000 \$200 \$100

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:			ed is a check for \$			
Or Charge the Al	oove 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 N	Psychological Association Iadison Street Suite 1904 Chicago, IL 60603		

For Assistance Call: 312-372-7610 X 201