

Illinois Psychological Association Membership Application 2024-2025 Half Year Membership Application—PAY 1/2 OUR USUAL MEMBERSHIP FEES

IPA Fiscal Year runs July 1, 2024 – June 30, 2025

JOIN ONLINE AT: www.illinoispsychology.org

Applicant Information

		Name		Highest Degree	Year Granted	School				
Ple	ase coi	nplete both work and home	addresses. Check a box for y	our preferred mailing addres	SS.					
	Worl									
		Independent Practice or Em								
		<u> </u>		C'.		G				
		Street		City		State	Zip			
		Business Phone	()	usiness Fax						
		Title	N	lature of Business			·			
	Hom	e								
		Street		City		State	Zip			
		()	()							
		Home Phone	Home Fax	Email						
Ty	pe of N	fembership (Please Check	one of the following):							
		Full Membership – Licens	sed – Must be currently license	ed in the state of Illinois Lic	cense #:		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.								
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		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.								
ET	HNIC	ITY CATEGORY								
	_									
PL	EASE	READ AND SIGN								
tha und	t the sta	atements made in this applica	ation correctly represent my quadoes not certify my competer	alifications for membership a	and understand that i	f they do not, my	chological Association. I affirm membership may be voided. I a as an indication of my			
Ass	sociatio srepres	on, disciplinary action by any	cant for cause, which includes Psychology Licensing Board he public or the Association, o	(including but not limited to	censure, suspension,	revocation or den	nial of licensure),			

_____ Date: ___

2024-2025 Half-Year Membership Application

Dues:

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

	Full Mer	nber:							
				ast 5 years:	Year licensed must be provided				
	First and Second year as an IPA member:				\$140 \$70 plus \$30 \$15 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 \$70 (Licensed Applicants pay this amount)					
	Second Year:Third Year and Beyond:			\$205 \$245					
		ensed Doctoral			4.5. 4.5. 5.				
	First year as an IPA member:Second Year:				\$ 95- \$47.50 \$110				
	Third Year and Beyond: Fourth Year and Beyond: Other Affiliate				\$125 \$140 plus \$60 Legislative and Income Based supplemental Assessment \$140 \$70				
	Out-of-State Student				\$50 \$25 \$15 \$7.50 (Includes membership in IPAGS)				
			Step 1: D	UES TOTA	L: \$				
Step 2:	Section Membership – Optional (See www.illinoispsychology.org for Section Descriptions) (Circle choices)								
		Academic		(CIIC	\$40 \$5				
	0	Clinical Practice			\$30_\$15				
	0	Consulting			\$25_\$12.50				
	0	Graduate Students (1	ologists (first seven years out of g	grad school)	\$10 \$5 \$25 12.50 (included with Grad Student Membership)				
	0	Behavioral Medicine	e and Neuropsychology		\$10 \$5				
	0	Section on Ethnic M			\$15-\$7.50				
	0	Sexual Orientation a Social Responsibility			\$ 15 \$7.50 \$ 20 \$10.00				
	Social Responsibility Women's Issues				\$10.\$5				
	Step 2: SECTION MEMBERSHIP TOTAL: \$								
Step 3a:	Mandato	ory \$60.00 \$30(\$15 for	r two year ECP) Legislative As	ssessment Fe	ee for <u>Licensed Members and 4th Year Non-Licensed Doctoral Members.</u>				
Step 3b:	Mandatory Supplemental Legislative A If your annual net income is:		gislative Assessment Fee for Lio \$30,000 - \$50,000	censed Mem	abers and 4th Year Non-Licensed Doctoral Members \$80 \$40				
	ii youi ai	muai net meome is.	\$50,000 \$50,000		\$130 \$65				
			\$80,001 - \$110,000)	\$170-\$85				
			Over \$110,000		\$200 \$100				
Step 3 To	tal (Step 3	3a + 3b) Legislative A	ssessment Fee: \$60. + \$	S =	\$				
Legislativ also moni Legislativ	e and Advo tors activit e assessme	ocacy activities. The I ties and advocates for I	IPA continually defends the right. legislation that has an impact on Illinois licensed psychologists wi	ts of psycholo the consume	Base and Supplemental Legislative Assessments are collected exclusively for IP. ogists to continue to provide the services for which they are trained. The IPA ers we serve, consumers who are not organized to protect themselves. It tale that even those psychologists who see only a few patients a week do so				
Step 4:	Add:	Step 1 Total \$							
		Step 2 Total \$Step 3 Total \$	=	TOTAL	DUE: \$				
Payment	t Method:		☐ Enclosed is a check for \$						
Or Charg	ge the Abo	ove Total to My:	☐ Visa ☐ MasterCard	Card B	illing Address: ☐ Home ☐ Business				
Card Nun	nber		Exp	Date					
Signature _.									
Please co	mplete thi	s application form an	67 East M	Madison Stre Chicago, IL	eal Association eet Suite 1904 60603 2-372-7610 X 201				