



Membership Application/Renewal

Mailing Address: P.O. Box 400671

Las Vegas, NV 89140

Phone/Fax: 888-654-0050

You can also renew online at:

WWW.NVPSYCHOLOGY.ORG

Membership Year: June 1st, 2024–May 31st, 2025

Information about you: Please complete the box below. This information updates the NPA database. PLEASE print clearly. **IS YOUR INFORMATION THE SAME AS LAST YEAR/NO CHANGES?** *Check box, sign below, skip to Pg 2*

Name: _____ **Degree** _____ **DOB** _____ **Sex:** M F Other
(optional) (optional)

Home Address

Home Address _____ City _____ State _____ Zip _____ Home Telephone (_____) _____ Fax (_____) _____ Toll Free Phone _____ Preferred E-Mail _____	
Primary Employment	Secondary Employment
Title _____ Employer _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____	Title _____ Employer _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

PREFERRED MAILING ADDRESS: Home Address Primary Employment Secondary Employment

I DO **I DO NOT WISH TO BE LISTED IN THE NPA ON-LINE MEMBERSHIP DIRECTORY**

Subscribe me/keep me subscribed to the NPA Member listserv an interactive email communication list used by members to discuss pertinent information with colleagues, i.e., referral sources, ethical questions, practice information etc.

My e-mail address is _____

NPA has a variety of committees serving our membership and carrying out our mission. Please indicate in which committee you would be interested in learning more:

- | | |
|--|--|
| <input type="checkbox"/> Legislative Committee | <input type="checkbox"/> Continuing Education Committee |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Public Education Campaign Committee |
| <input type="checkbox"/> ECP Committee | <input type="checkbox"/> Diversity Committee |

I authorize NPA to send e-mails to me as necessary. _____ (initials)

Graduate College/University _____ Graduation Date _____ Degree _____

Licensed in NV- License# _____ Year Licensed: _____

Licensed in other State: _____ License# _____ Year Licensed: _____

APA member Yes No National Register Yes No ABPP Yes No Specialty ABPP Area

I agree to abide by the ethical principles set forth by the American Psychological Association and I certify that all statements made herein are true and accurate to the best of my knowledge and belief. I agree to the automatic membership dues renewal terms detailed on Page 2.

Signature of Applicant: _____ Date _____

****AUTOMATIC DUES RENEWAL NOTICE:** The initial term of this Agreement shall be one (1) year commencing as of the date hereof. Thereafter, the term of this Agreement shall automatically renew for successive one (1) year terms unless member provides written notice to NPA central office at least ninety (90) days in advance of the end of the membership year that it does not wish to renew the term of this Agreement.

Full Members: (✓ box below):

(Flat fee dues)

- Full member, 5 years post licensure \$250.00

Early Career Psychologists (choose 1 and ✓):

- | | |
|---|----------|
| <input type="checkbox"/> 4 years post-licensing | \$225.00 |
| <input type="checkbox"/> 3 years post-licensing | \$200.00 |
| <input type="checkbox"/> 2 years post-licensing | \$175.00 |
| <input type="checkbox"/> 1 year post-licensing | \$150.00 |
| <input type="checkbox"/> Licensing year | \$125.00 |
| <input type="checkbox"/> Post-doc/Unlicensed | \$100.00 |

Please note that 30% of dues is designated for the lobbyist and is not tax deductible. \$15 of your dues payment will go to support your respective region (North or South) and its activities.

A. TOTAL: Full Members (left) or ECP (right) flat fee dues: \$ _____

B. Other Membership Categories: *(for those that are neither a Full Members nor an ECPs):*

- Associate/Affiliate/Out-of-State Member \$75.00 [Click here for detailed descriptions](#)
- Retired Member \$65.00
- Graduate Student Member \$50.00 *Graduate student with an interest in psychology.*
- Undergraduate Student Member \$12.00 *Undergraduate student with an interest in psychology*

C. OPTIONAL Membership Add-Ons:

- Platinum Member “Add On” + \$250.00** \$250.00 _____

Added benefits: Renew your dues plus receive a 10% discount on CE workshop registration fees, unlimited free Classified Ads for one year, one free 3-hour CE workshop, Special recognition and badging as a Platinum Member. You will also be entered into drawing for a “Member Spotlight” in NPA 2024 Fall newsletter

- Student Scholarship “Add On” + \$110.00** \$110.00 _____

Sponsor a student membership! Renew your dues and pay for a 1-year Student membership and registration fees to attend our 2022 Annual Conference.

D. Additional Donation Opportunities:

- Political Action Committee (NPA-PAC)** \$100.00 or _____ (other donation amount)
Your donation to PAC allows us to support Nevada State Legislators who share our passion and positions. This is NOT tax deductible.
- NPA Student Fund** \$100.00 or _____ (other donation amount)
Your donation will help fund Student travel to PLC, our Annual Conference and Strategic Planning
- NPA Century Fund** \$100.00 or _____ (other donation amount)
Your donation supports our Central Office operations, ED and Lobbyist
- Lobbyist/Legislative Fund** \$100.00 or _____ (other donation amount)
Your donation supports our Legislative Committee activities

E. Total of A or B, and C: \$ _____

F. Make Your Payment (choose 1 and ✓):

- Check enclosed, **made payable to NPA**
- Credit Card Payment: Visa MasterCard Discover American Express (circle one)

Card Number: _____ Exp Date: _____

Security Code: _____ (3 numbers on back of card or 4 on front of American Express)

Billing Address:

Home _____ Office _____ Other (indicate) _____

Name as it appears on card: _____

Your Signature: _____

You can also renew online at: www.NVPsychology.org/join-renew

Or return by Fax to: (888) 654-0050 or **return by Mail to:** NPA, P.O. Box 400671, Las Vegas, NV 89140.

Any questions or concerns, contact Wendi O'Connor, Executive Director, at admin@nvpsychology.org or (888) 654-0050.