

104 Mill Street, Suite F
 Gahanna OH 43230
 Phone: (614) 414-5980
 Fax: (614) 414-5982
 E-mail/Website: www.ospaonline.org

2008-2009 MEMBERSHIP APPLICATION

- New Member
- Renewing Member

- Please send certificate with membership card
- Please send membership card only

Name		E-Mail Address		
Street	City and State	County	Zip Code	
Home Phone	Work Phone	Fax	Gender (optional)	

- I would like future issues of TOSP sent to me at my e-mail address provided above
- I would like future issues of TOSP mailed to the postal address provided above.

Membership Categories (see explanation of categories on back)	Membership Dues (No matter when paid during membership year) July 1, 2008 through June 30, 2009
<input type="checkbox"/> Full	\$100
<input type="checkbox"/> Retired/Unemployed/Affiliate	\$50
<input type="checkbox"/> Intern	\$20
<input type="checkbox"/> Student	\$20
<input type="checkbox"/> Full First Year Post Intern	\$75

Student Eligibility Data: (Application from student members must be signed by a university advisor who is an OSPA member and verifies that student meets the eligibility requirements).

University _____ **Advisor's Name** _____

Date _____ **Advisor's Signature** _____

Are you a Member of a Regional School Psychology Association? (circle one)

- | | | |
|---------------|---------------|--------------------------------|
| Central | Kent/Akron | Northwest |
| Cleveland | Maumee Valley | Southeast |
| East Central | Northeast | Southwest |
| Elyria/Lorain | North Central | NO REGIONAL AFFILIATION |

Ohio Senate District _____ **Senator** _____

Ohio House District _____ **Representative** _____

(This information can be obtained from your Board of Elections)

Check All That Apply

- NASP member**
- Engaged in Private Practice**
- Licensed School Psychologist License No.** _____

Are you interested in serving on an OSPA committee? (circle one)

- | | | |
|--|--------------------------|---------------------------------|
| Professional Ethics & Standards | Fall Conference | Children's Advocacy |
| Planning & Development | Spring Conference | Private Practice |
| Nominations & Elections | Research | Awards |
| Multicultural/Diversity | Legislative | Public Relations |
| Professional Development | Membership | Crisis Intervention Team |

Professional Ethics Declaration

- ❖ **Has any state licensing agency, state board, and/or professional organization denied your application for license, certificate, and/or membership?**
 - Yes**
 - No**
- ❖ **Has any state licensing agency, state board, and/or professional organization reprimanded, suspended, and/or revoked your license, certificate, or membership?**
 - Yes**
 - No**
- ❖ **Have you ever been convicted of a crime, other than a minor traffic offense?**
 - Yes (if the answer is yes, please describe briefly on a separate paper)**
 - No**

I have read and I agree to abide by the Code of Ethics of the Ohio School Psychologists Association adopted by the Executive Board. I understand that this application is subject to review by the OSPA Ethics Committee and that should my application for membership be denied by the Executive Board, I have the right to make an appeal to the Executive Board. I understand that I may resign membership at any time by submitting a written statement explaining the reason of resignation to the Membership Committee, and that by doing so, I will forfeit dues paid for the year in which my resignation occurs.

Signature of Applicant _____
Date

Explanation of Membership Categories:

Full Member: Eligible to vote in OSPA elections. Eligible to hold office and serve as committee chairperson.

Intern: Employed as in intern school psychologist during the membership year. Eligible to vote in OSPA elections.

Student: Enrolled for minimum of 12 semester hours in a university program and not employed full-time.

Affiliate: Professional possessing a bachelor's degree, or higher, and having a professional interest in the field of psychology. Not eligible for other membership categories. Past OSPA members residing and working out of state may apply in this category. Not eligible to vote in OSPA elections.

Mail to: **Ohio School Psychologists Association**
104 Mill Street, Suite F
Gahanna OH 43230

We accept MasterCard or VISA credit cards. If you are using a credit card, please complete the following information:

Cardholder's name: _____

Cardholder's billing address: _____

MasterCard/Visa Card No. _____ **Exp. Date** _____ **3-digit Code** _____