



July 1, 2011 - June 30, 2012

- Renewing Member
- New Member

Membership Application

Name (Last, First, MI):			
DOB: / /	Gender: M F	Phone: () -	
Address (Street, City, State, and Zip):			
Email:		Employer:	
Highest Conferred Degree:		NASP Member: Y N	
Engaged in Private Practice: Y N		License Number:	
The following information can be obtained from your Board of Elections:			
Ohio Senate District:		Senator:	
Ohio House District:		Representative:	

Please indicate your membership status:

Membership Category	Dues	Description	Voting Privileges	Officer/Committee Eligibility
Full Member	\$100	Employed, with school psychological certification/licensure/training	Yes	Yes
Retired	\$50	Retired but otherwise eligible for Full Member status	Yes	Yes
Unemployed	\$50	Unemployed but otherwise eligible for Full Member status	Yes	Yes
Intern	\$20	Employed as intern school psychologist	Yes	Limited to committee membership
Student	\$20	Enrolled in university school psychology training program and not eligible for Full Member status	No	Limited to committee membership
Affiliate	\$50	Person interested in school psychology and holding a bachelor's degree or higher	No	Limited to committee membership
Honorary Life Membership	N/A	This honor is awarded by the Executive Board	Yes	Yes
First Year Post Internship	\$75	First year employed post-internship	Yes	Yes

Membership Years run from July 1st to June 30th, regardless of application date.

Dues cannot be prorated (with the exception of those applying for Common Address status).

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

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

Are you interested in serving on an OSPA committee? (circle as many as apply)

Awards	Membership Services	PR/Community Services
Crisis Intervention	Multicultural Affairs/Diversity	Scholarship
Fall Conference	Nominations & Elections	Spring Conference
Legislative	Private Practice	Technology

Please indicate your preferred method of delivery for the TOSP (email or postal mail).

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 so, 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 during which my resignation occurs.

Signature of Applicant

Date

Payment Information:

Please make checks payable to Ohio School Psychologists Association. We accept MasterCard and VISA credit cards. If using a credit card, please complete the following:

Cardholder's Name:		
Billing Address:		
Card Number:	Expiration Date: /	3 Digit Code:

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