CLEVELAND ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Application for Membership

2008 - 2009

____ Renewing Member ____ New Member

_____

Name | Highest Degree (also indicate if you hold NCSP) | Birthday (month/day only)

_____

Number and Street | City | State | Zip

(_____)_____ (_____)_____ _____

Home Phone | Business Phone | **E-Mail Address**

_____

School District or other Employer | Position

Check One: List home phone in Directory

___ Yes ___ No

Check One: List me in mailings from professional organizations approved by the CASP Executive Board

___ Yes ___ No

Check the organizations listed below of which you are a member for the coming year:

___ OSPA ___ CPA
___ NASP ___ OPA
___ ISPA ___ APA

Check all that apply to your practice:

___ Certified/Licensed School Psychologist (ODE)
___ Nationally Certified School Psychologist
___ Licensed School Psychologist (OH Bd. of Psych.)
___ Licensed Psychologist
___ University Trainer
___ Private Practice
___ Intern / Student
___ Other (describe) _____

Check one:

___ Member ($20.00)
___ Intern ($10.00)
___ Student ($5.00)
___ Associate ($10.00)
___ Retired ($5.00)
___ Lifetime Member Honoree (no fee)

- An OSPA scholarship fund has been established to award one scholarship each year to a deserving Ohio student pursuing a career in school psychology. If you would like to contribute to the scholarship, please send your donation with your membership dues; CASP will then forward the donations to the scholarship fund (one check to cover your dues and donation is fine).

If a CASP member recruited you as a new member, please indicate his/her name:_____

Please enclose a check or money order, payable to CASP, with this form and mail to the address below:

Cleveland Association of School Psychologists
Gina Worsdall, Membership Co-chair
5674 Shawnee Dr.
Lyndhurst, Ohio 44124

Questions? Please call 216.513.2629 or email gmbando6@yahoo.com. THANK YOU!