CLEVELAND ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Application for Membership

2011-2012

____ 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 One: I would like to receive CASPline in the postal mail

___ 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 ($25.00)

___ 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).
  *Donation Amount:$*_____

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

Cleveland Association of School Psychologists
Abi Barden, Membership Co-Chair
23612 East Baintree
Beachwood, Ohio 44122

Questions? Email CASP at caspohio@gmail.com THANK YOU!