

EAST CENTRAL OHIO SCHOOL PSYCHOLOGIST ASSOCIATION
MEMBERSHIP APPLICATION
2009-2010

Name: _____
(as will appear on mailings: include any preferred titles, i.e. Ms. Dr. etc.)

Office Address: _____ Home Address: _____

Phone: (____) _____ Phone: (____) _____

(*You must supply your home address if you are requesting ECOSPA mailings sent there, or if you will be participating in an OSPA committee this year.)

Please send mailings to my: Home address Office address

ECOSPA periodically compiles a directory of members for circulation among its membership. We would like to include home addresses as well as office addresses with your permission:

- Yes, include my home address and phone.
- Yes, include my home address, but not phone.
- No, do not include my home address and phone.

Please indicate the related associations to which you belong:

NASP OSPA others (list): _____

Yearly membership dues are \$15.00. Make checks payable to ECOSPA.

Mail checks and completed forms to:
Sharon Steinmetz, ECOSPA Treasurer
Muskingum Valley ESC
205 N. Seventh St.
Zanesville, OH 43701

Note to Retirees: You are invited to continue your membership in ECOSPA, with the yearly dues waived. You will continue to receive mailings and invitations to ECOSPA meetings. We would like for you to complete this membership application each year, so that we can maintain up-to-date mailing information. Please write "Retired" at the top of the application. If you no longer want to be a member, please contact the ECOSPA secretary.