



Membership Application

July 1, 2025 - June 30, 2026

New Member? ☐ Yes ☐ No

Want to join the listserv? ☐ Yes ☐ No



Existing members can
RENEW ONLINE
with a credit card at
www.ospaonline.org

First Name: _____

Address: _____

Last Name: _____

Courtesy Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

County: _____

Email: _____

Date of Birth: _____

Phone: _____

Regional Affiliation: _____

Employer: _____

What's this? Visit bit.ly/2YybZY9 to learn more.

University: _____

LSP License Number: LSP. _____

Highest Conferred Degree: _____

Engaged in Private Practice? ☐ Yes ☐ No

Independent SP License Number: _____

Year Licensed: _____

Join a committee:

- ☐ Awards
- ☐ Crisis Intervention
- ☐ Diversity, Equity & Inclusion
- ☐ Early Career
- ☐ *I want a mentor! (NEW)*
- ☐ *I want to be a mentor!*
- ☐ Fall Conference

- ☐ Legislative
- ☐ Membership Services
- ☐ Nominations/Elections
- ☐ Private Practice
- ☐ PR/Community Service
- ☐ Scholarship
- ☐ Spring Conference
- ☐ Technology

	Membership Category	Dues	Description	Voting Privileges	Officer/Committee Eligibility
<input type="radio"/>	Full Member	\$120	Full or part-time employed, with school psychological certification/licensure/training	Yes	Yes
<input type="radio"/>	Early Career	\$75	First five years employed post-internship	Yes	Yes
<input type="radio"/>	Retired	\$65	Retired and not working but otherwise eligible for Full Member Status	Yes	Yes
<input type="radio"/>	Unemployed	\$65	Unemployed but otherwise eligible for Full Member status	Yes	Yes
<input type="radio"/>	Intern	\$35	Employed as an intern school psychologist	Yes	Limited to committee membership
<input type="radio"/>	Student	\$35	Enrolled in a university school psychology program and not eligible for Full membership	No	Limited to committee membership
<input type="radio"/>	Affiliate	\$65	Person interested in school psychology and holding at least a bachelor's degree	No	Limited to committee membership
<input type="radio"/>	Honorary Life Member	N/A	This honor is awarded by the Executive Board	Yes	Yes

The following questions are a demographic survey to help OSPA better understand its members. Please complete:

My district is: ☐ Suburban ☐ Urban ☐ Rural ☐ Prefer not to say

My race/ethnicity is? ☐ White/Caucasian ☐ Black/African American ☐ Asian/Pacific Islander
(select all that apply) ☐ Hispanic/Latinx ☐ Arab/Middle Eastern/North African ☐ Prefer not to say

My gender is (select all that apply): ☐ Female ☐ Male ☐ Nonbinary/Third Gender ☐ Prefer not to say

My pronouns are: ☐ She ☐ He ☐ They ☐ Other

Do you speak a language other than English? ☐ Yes ☐ No ☐ Prefer not to say

If you speak another language other than English fluently, do you provide psychological services to students/families in that language? ☐ Yes ☐ No ☐ Prefer not to say

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? If yes, please explain: ☐ Yes ☐ 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 Membership Committee. Should the Executive Board deny my application for membership, 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 (type name if not printing)

Date

Membership year runs from July 1 to June 30, regardless of application date. Dues cannot be prorated.

Payment Information:

Please make checks payable to OSPA. If using a credit card (VISA or MasterCard), please complete:

Cardholder's Name: _____

Billing Address: _____

☐ Same as on front

Card Number: _____

Expiration Date: _____

3 Digit Code: _____

Mail to:

Ohio School Psychologists Association
1500 W. 3rd Ave. #228
Columbus, OH 43212
mail@ospaonline.org (credit card and POs only)

