School Psychology Society Membership Application

Applicant Information

First Name: Last Name:

Email: Phone:

Address:

City: State: Zip

Academic Information

Current Student Status (Fr., So., Jr., Sr.):

Current Major:

Overall GPA: Major GPA:

Briefly describe why you would like to join School Psychology Society:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature

I am applying for or renewing membership in the School Psychology Society and I agree that the information provided is accurate and will abide by the SPS Constitution.

Signature of applicant:_____ Date:_____

Membership dues are $10/semester. Please return this form and a check made payable to School Psychology Society to the Psychology Doctoral & Clinical Center in University Square or to any SPS executive officer.

Updated 9/6/2016