



MEMBERSHIP APPLICATION FOR THE YEAR JANUARY 1- DECEMBER 31ST, 2019

MEMBERSHIP CATEGORIES: Check category for which you are renewing or joining. :

	By January 31	After January 31
<input type="checkbox"/> Member	\$350	\$375
<input type="checkbox"/> Life Member-Active	\$135	\$160
<input type="checkbox"/> Life Member-Retired	\$50	\$50
<input type="checkbox"/> Student Affiliate	\$20	\$20
<input type="checkbox"/> Affiliated Professional	\$100	\$100
<input type="checkbox"/> Early Career 1st Year	\$100	\$100
<input type="checkbox"/> Out of State Affiliate	\$200	\$225

<u>PAYMENT</u>
Dues Payment \$ _____
Interest Section \$ _____ \$ _____ \$ _____
Contributions \$ _____ \$ _____ \$ _____ \$ _____
Total Payment \$ _____

INTEREST SECTIONS:

All WPA members are eligible. Students are FREE!

- Industrial & Organizational Psychology \$10
- Forensic & Correctional Psychology \$10
- Psychopharmacology & Prescriptive Authority \$25

CONTRIBUTIONS:

SUSTAINING MEMBER or BENEFACTOR:

Show your support for WPA advocacy, public education and other activities by contributing above and beyond your membership dues and becoming a Sustaining Member or Benefactor.

- SUSTAINING MEMBER Single Donation \$120-\$499
- BENEFACTOR Single Donation ≥ \$500

- Show your support with a GENERAL Contribution. All donations welcome! Amount: \$ _____
- STUDENT AFFILIATE SPONSORSHIP donation: \$20 per student sponsored \$ _____

Dues payments to the Wisconsin Psychological Association are not charitable, but may be deductible as ordinary business expenses

- Make a fully tax-deductible contribution to the WISCONSIN PSYCHOLOGY FOUNDATION to support student research awards & scholarships as well as both public & professional education. \$ _____

Contributions to the Wisconsin Psychology Foundation are fully deductible as charitable contributions.

GENERAL INFORMATION:

Name: _____
Last Middle First

Highest Degree _____ Licensed Y or N. If Yes: # & State _____

Address: _____

Phone: _____ Cell Phone: _____

Email: _____

If Student: List College or University currently attending: _____

PAYMENT INFORMATION:

Enclosed is a check payable to WPA Please charge my Visa/MasterCard TOTAL: \$ _____

Card No: _____ CVV: _____ Exp. Date: _____

Name on Card: (exactly as appears) _____

Address: (if billing address different than above) _____

City: _____ State: _____ Zip: _____

Send to: WPA - 11801 W. Silver Spring Dr., Suite 200, Milwaukee, WI 53225 Fax (888.776.1877)- E-mail wispsych@wipsych.org