



Wisconsin Psychological Association

GROUP MEMBERSHIP APPLICATION

Wisconsin Psychological Association

FOR THE YEAR JANUARY 1 - DECEMBER 31, 2020

Organizational membership is available for groups of psychologists employed by or affiliated with a single sponsoring organization. Payment for all of the individual members must be made in full by the sponsoring organization. Each individual member must qualify for regular membership as defined by WPA.

Complete this form and attach the Individual Membership Application for each of the group members for which you are paying.

SPONSORING ORGANIZATION INFORMATION:

Name of Organization: _____

Main Contact Name: _____

Last

Middle

First

Address: _____

Phone: _____ Email: _____

MEMBERSHIP DUES:

Calculate the total amount due by adding the individual dues for each applicant (\$375.00) and subtracting the applicable discount.

Discount: (check applicable box)

Members:

Discount:

5-9

10%

Sub Total: \$ _____

10-14

20%

Discount: \$ _____

15+

30%

Total Due: \$ _____

Total Joining in Group: _____ (attach individual applications)

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 • Phone: (608) 251-1450 • E-mail: wispsych@wispsych.org

By submitting this application I agree to accept and abide by the ethical standards and principles established by the American Psychological Association. I confirm that the information herein is true to the best of my knowledge and I attest that I have not been found in violation of ethical or legal codes for the practice of psychology in any jurisdiction. I understand WPA may deny or withdraw my application for any reason consistent with the WPA bylaws.