Wisconsin Psychological Association

MEMBERSHIP APPLICATION
FOR THE YEAR JANUARY 1- DECEMBER 31ST, 2020

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

	By January 31	After January 31
☐ Member	$350	$375
☐ Life Member-Active	$135	$160
☐ Life Member-Retired	$50	$50
☐ Student Affiliate	$20	$20
☐ Affiliated Professional	$100	$100
☐ Early Career 1st Year	$100	$100
☐ Out of State Affiliate	$200	$225

PAYMENT

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