

NEW HAMPSHIRE ASSOCIATION OF SCHOOL PSYCHOLOGISTS

2009-2010 MEMBERSHIP APPLICATION

PLEASE FILL OUT THIS FORM COMPLETELY INCLUDING YOUR EMAIL ADDRESS AND YOUR SIGNATURE AND DATE.

NAME: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Preferred E-Mail: _____

Home Phone: () _____ Home Fax: () _____

EMPLOYER: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work E-Mail, if different than Preferred E-Mail: _____

Work Phone: () _____ Ext. _____ Work Fax: () _____

CERTIFICATION(S)

- NH School Psychologist NH Associate School Psychologist
 NH School Guidance Counselor NH Specialist in Assessment of Intellectual Functioning
 Other: _____

- Check here if you are: Nationally Certified School Psychologist
 Licensed Psychologist (What State(s): _____)
 Current Member of the National Association of School Psychologists (NASP)

MEMBERSHIP

Regular: Certified and/or working as a school psychologist, supervisor, or trainer. New applicants for regular membership in NHASP must submit a copy of certification.

Affiliate: Not certified as a school psychologist; working in related field such as SAIF, special education, guidance counselor, etc. Affiliate members may not hold elected office in the association, vote for association officers or by-law changes. Affiliate members enjoy all other rights and privileges of regular members.

Student: Enrolled half-time or more (a minimum of 6 semester hours or the equivalent per semester) in a program leading to an advanced degree in school psychology or other related field and not working in full-time employment (35 hours per week).

Retired: Now retired, without regular employment in the field, having been a member of a professional school psychology association for 5 years or more.

(Application continued on reverse side)

NHASP is very interested in your ideas and participation in the association. Please indicate areas in which you may wish to serve or contribute ideas, even if only on a short-term basis.

- REGIONAL REPRESENTATION (Act as a liaison between the Executive Board and regional members through meetings and/or phone or e-mail contact.)
- CONFERENCES (Assist with our fall conference, winter meeting or spring dinner.)
- ETHICS and PROFESSIONAL STANDARDS (Address complaints of ethical violations.)
- GOVERNMENT and PROFESSIONAL RELATIONS (Act as liaison for NHASP with State Legislature.)
- MEMBERSHIP (Solicit new members and develop support groups.)
- NEWSLETTER/PUBLICATIONS (Help to write newsletter and other printed materials for members.)
- NOMINATIONS and ELECTIONS (Oversee and coordinate nominations and elections.)
- OPERATIONS HANDBOOK/BY-LAWS (Help revise handbook, provide feedback for by-laws changes.)
- PUBLIC RELATIONS/PUBLIC INFORMATION (Serve as liaison with local and statewide media.)
- RESEARCH (Evaluate research proposals, review research, disseminate research materials to members.)
- OTHER (What would you like to do.) _____

	BEFORE 7/1/09	AFTER 7/1/09
DUES:		
Regular Member	\$50.00	\$65.00
Affiliate Member	\$50.00	\$65.00
Student Member	\$25.00	\$35.00 – FILL OUT THE SHADED FORM BELOW
Retired Member	\$15.00	\$20.00

School Districts: NHASP membership ends July 1 of each year. Members whose renewals are not paid within three months may have their memberships terminated. Please pay Pos before the July 1st deadline. Thank you.

Please sign below, enclose your check payable to NHASP, and mail to: NHASP
490 Kearsarge Avenue
Contoocook, NH 03229

AFFIRMATION: I verify that the information herein is true and accurate and that I meet the eligibility requirements for the membership category checked. I further affirm that I will abide by the Principles for Professional Ethics of the National Association of School Psychologists.

Signature: _____ Date: _____

STUDENT members must have their advisor sign below: The student is enrolled at least half-time in our school psychology program.

School: _____ Degree Sought: _____

Advisor: _____ Date: _____