

# NEW HAMPSHIRE ASSOCIATION OF SCHOOL PSYCHOLOGISTS

JULY 1, 2010-JUNE 30, 2011 MEMBERSHIP

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 and spring conferences, and winter meeting.)
- ETHICS and PROFESSIONAL STANDARDS (Address complaints of ethical violations.)
- FINANCE (Responsible for reviewing and providing guidance for NHASP's financial matters)
- 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.) \_\_\_\_\_

**DUES:**

Regular Member	\$50.00
Affiliate Member	\$50.00
Student Member	\$25.00 – <b>FILL OUT THE SHADED FORM BELOW</b>
Retired Member	\$15.00

**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 1<sup>st</sup> deadline. Thank you.

Please sign below, enclose your check payable to NHASP, and mail to: NHASP  
David Smith, Treasurer  
77 Douglas Hill  
Norwich, VT 05055

**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.

**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: \_\_\_\_\_