

NEW HAMPSHIRE ASSOCIATION OF SCHOOL PSYCHOLOGISTS

JULY 1, 2020 - JUNE 30, 2021 Membership Year

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

NAME: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Preferred E-Mail: _____
Home Phone: (____) _____ Home Fax: (____) _____
 The above information has remained the same from 2019-2020 membership application

EMPLOYER: _____
Work Address: _____
City: _____ State: _____ Zip Code: _____
Work E-Mail (if different than above): _____
Work Phone: (____) _____ Ext _____ Work Fax: (____) _____
 The above information has remained the same from 2019-2020 membership application

Where would you like your mail correspondence? ___Home or ___Work

- Please **do not** include my home address in the directory that is provided to NHASP members
- Please **do not** include my work address in the directory that is provided to NHASP members

Certification(s):

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

Check applicable:

- Nationally Certified School Psychologist
- Licensed Psychologist
(List States: _____)
- Current Member of the NASP (National Association of School Psychologists)
- Other: _____

Membership Type:

- 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:** 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:** Currently engaged in full or part time graduate study in school psychology at an accredited college, university or professional school.
- Retired:** Now retired, without regular employment in the field, having been a member of a professional school psychology association for 5 years or more.

Annual Dues:

\$70.00 – Regular

\$70.00 – Affiliate

\$35.00 – Student

\$35.00 – Retired

(Application continued on reverse side)

Please sign below, enclose your check payable to NHASP, and mail to:
NHASP c/o Karen Mayo, CPA
74 Tucker Drive
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: _____

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.

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: _____

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 seasonal meeting.*
- ETHICS and PROFESSIONAL STANDARDS – *Address complaints of ethical violations.*
- FINANCE – *Responsible for reviewing and providing guidance for NHASP's financial matters.*
- GOVERNMENT & PROFESSIONAL RELATIONS – *Act as liaison for NHASP with State Legislature.*
- MEMBERSHIP – *Solicit new members and develop support groups.*
- NEWSLETTER/PUBLICATIONS – *Help 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.*
- PRESENTER – *Have you ever or would you be interested in conducting a presentation for your colleagues and/or other professionals? Topics: _____*
- OTHER - *What would you like to do?*