

				Date
First Name		Middle Initial	Last Name and Credentials (Ph.D., Psy.D., Ed.D., etc)	
Home Address		City	State	Zip
Home Phone	Home Fax	Home Email		
<i>We ask for your home address it as it is it is important data in CPA's Legislative Committee's advocacy efforts.</i>				
Business / Agency / School Name				
Office Address		City	State	Zip
Office Phone	Office Fax	Office Email		
List additional office addresses on a separate sheet of paper.				
<ul style="list-style-type: none"> Which address do you want in the CPA Directory (for Members only) and to be used to contact you? 		home	office	
<ul style="list-style-type: none"> From time to time, CPA makes available a list of our members to groups or individuals whom we believe offer valuable services to our members: educational events, conferences, professional services, merchandise, etc. 				To remove yourself from this list, please check this box: <input type="checkbox"/>

Membership Types and Dues:

Check the Membership Type You Are Applying For

Type	Definition	Annual Dues	↓
Full Member	The applicant has evidence of receipt of the doctoral degree in Psychology from an accredited graduate school or is licensed in the state of Colorado.	\$ 275.00	
Early Career Psychologists	Early Career Psychologists are entitled to discounted membership based on the number of years elapsed since receipt of doctoral degree: Please select the applicable rate. If it has been more than 5 years since you received your doctoral degree, please select the Full Member rate above.	0-1 Year \$ 70.00	
		2 or 3 Years \$140.00	
		4 Years \$210.00	
		5 Years \$275.00	
Academic Member	The applicant meets the criteria for Full Member (see above) <u>and</u> works in an academic setting at least 20 hours per week.	\$130.00	
Out-of-State Associate Member	The applicant has evidence of receipt of the doctoral degree in Psychology from an accredited graduate school and lives out of state.	\$130.00	
Master's Level Associate Member	The applicant has evidence of receipt of a master's degree with a major concentration in Psychology or its equivalent, from an accredited graduate school or is otherwise licensed to practice Psychotherapy in the State of Colorado	\$130.00	
Student Member	The applicant can demonstrate current enrollment as an undergraduate, graduate or intern endorsed by a faculty member. Student membership status shall be reviewed each year during the dues renewal period. <i>(Student Members must have a faculty member at their program complete the Student Reference section at the end of Page 2.)</i>	\$30.00	

Please contact the CPA Office or view the CPA Website for information about other membership types.

Graduate Education			
Please include evidence of a graduate degree in psychology or a copy of your current Colorado License.			
Name of Institution	Date	Degree	Major

Professional Ethics Declaration		
(Must be completed by ALL applicants)		
	Yes	No
1. Have you been subject to any action by a professional organization, ethics committee, or state licensing agency?		
2. To your knowledge are you presently under investigation by any of the agencies or organizations noted in question 1?		
3. Have you ever been found guilty of a criminal charge (excluding traffic offenses)?		
4. Have you ever been found liable in a civil action brought against you by any court regarding your professional conduct?		

If you answered "yes" to any of the above items, please describe briefly the events leading up to the case, the outcome and its relevance to the practice of psychology. An answer of "yes" does not necessarily disqualify you from membership.

I authorize the release of my CPA Membership Application, and any additional material I may have submitted to support that application, to the CPA Membership Committee. I understand that if I answered "yes" to any of the above questions, this material may be released to the CPA Ethics committee for their review, in order for them to make a recommendation to the CPA Membership Committee and/or the CPA Board of Directors as to the status of my application.

I certify that the above information is accurate and complete to the best of my knowledge. Missing or false information may lead to denial or revocation of membership. If my application is accepted, I agree to abide by the rules, policies, and bylaws of the Colorado Psychological Association and the Ethical Principles of the American Psychological Association as interpreted by the Association.

Signature of Applicant

Date

As soon as the CPA Office receives your completed application and applicable dues, your application is sent to the Membership Committee and the Board of Directors for approval. You will receive notification regarding their decision within two to four weeks. The CPA Office sends out dues statements annually. Any member who fails to pay the membership dues shall be dropped from membership, unless the Board of Directors votes otherwise.

Send this form, and a check with your first year's dues, made to the Colorado Psychological Association, directly to the CPA Office at 7995 E. Prentice Ave., Suite 100, Greenwood Village, CO 80111.

All Applicants: I was referred to the Colorado Psychological Assoc. by: please provide name and email address of person who referred you. If joining on your own with no referral, please leave blank.

Name: _____ Email: _____

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Student Reference Form for CPA Application

I endorse this student to become a Student Member of the Colorado Psychological Association. I verify that he/she is a student in good standing and is enrolled in studies at our program.

Faculty Member's Name (please print)	Faculty Member's Signature	
Contact Information (Phone Number / Email Address)	Educational Institution	Projected Graduation Date