

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Your organization: \_\_\_\_\_ Your title: \_\_\_\_\_

Work address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_

Highest degree: \_\_\_\_\_ Major field: \_\_\_\_\_ Year completed: \_\_\_\_\_

Institution from which highest degree was received: \_\_\_\_\_

**Membership Category:**

Full Membership  Affiliate Membership  Student Membership

**If you are applying for a student membership please list:**

Current graduate program: \_\_\_\_\_ SPIM member to nominate: \_\_\_\_\_

**Primary affiliation (Check one only)**

**Primary profession (Check one only)**

<input type="checkbox"/> Business <input type="checkbox"/> Academic <input type="checkbox"/> Hospital or other Healthcare <input type="checkbox"/> Consulting Firm <input type="checkbox"/> Non-profit Organization <input type="checkbox"/> Self-employed <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Executive <input type="checkbox"/> Line Manager <input type="checkbox"/> Staff Manager <input type="checkbox"/> Consultant <input type="checkbox"/> Professor <input type="checkbox"/> Academic Administrator <input type="checkbox"/> Program Director <input type="checkbox"/> Other (please specify)
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Licensed:  Yes  No If Yes: State: \_\_\_\_\_ License #: \_\_\_\_\_

Have you ever been disciplined, sanctioned, reprimanded, or subjected to any like action by an ethics committee, licensing/certification board, or any other credentialing board?  NO  YES

*If yes, please explain on a separate sheet of paper.*

Are you a member of American Psychological Association?  Yes  No Membership number: \_\_\_\_\_

Are you a member of Association for Psychological Science?  Yes  No Membership number: \_\_\_\_\_

Add email address to the SPIM Listserv?  Yes  No List email address to the SPIM Website?  Yes  No

**How did you hear about SPIM?**

<input type="checkbox"/> SPIM mailing <input type="checkbox"/> Internet search (SPIM website, LinkedIn, etc.) <input type="checkbox"/> SPIM Member - Please list name. <input type="checkbox"/> Colleague (non-SPIM member)	<input type="checkbox"/> APA Website <input type="checkbox"/> APA Conference <input checked="" type="checkbox"/> APA Advertisement <input type="checkbox"/> Other
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I certify that all information in this application is true and I understand that false or misleading statements may be grounds for disqualification from membership in SPIM.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_