

**Association of Newfoundland Psychologists
Membership Application**

PLEASE COMPLETE BOTH PAGES

' New Member ' Membership Renewal

Name: _____	
Home Address: _____	Business Address: _____
_____	_____
_____	_____
Postal Code: _____	Postal Code: _____
Telephone: _____	Telephone: _____
E-Mail: _____	E-Mail: _____
' Preferred Address	' Preferred Address
NLPB (formerly NBEP) # (if registered): _____ CPA # (if applicable): _____	

I would be interested in serving on an ANP Committee

Membership Type:	ANP only	*ANP / CPA
' MEMBER Requirements: Master's degree <i>OR</i> Doctoral degree in Psychology from a recognized University as judged by the Executive	\$ 70	\$ 66.50
' STUDENT Requirements: Full-time student who is actively engaged in studies pursuant to higher qualifications in Psychology as deemed appropriate by ANP Executive	\$ 14	\$ 13.30
' GRAND-FATHERED AFFILIATE Requirements: Individuals holding status of <i>AFFILIATE</i> as of June 2005, and who do not meet the requirements of <i>MEMBER</i> or <i>STUDENT</i>	\$ 70	\$ 66.50

***Note:** Membership in both CPA and ANP provides a discount in fees. CPA # must be submitted in order to qualify.

If you are renewing your membership, please add a late fee of \$10 for dues submitted after January 31.

Dues: \$ _____ Late Fee: \$ _____ Total Paid: \$ _____

For Office Use Only:			
Receipt #: _____	Amount: _____	Accepted: _____	Date: _____
Membership #: _____	Information Package Sent: _____		

EDUCATIONAL QUALIFICATIONS:

Most recent University attended: _____	Degree: _____
*Specialty: _____	**Date Completed: _____
<u>Other University Education</u>	
University attended: _____	Degree: _____
*Specialty: _____	**Date Completed: _____

- * Specialty refers to clinical, educational psychology, etc.
- ** Students enter anticipated completion date.

AGREEMENT TO ABIDE BY THE CPA CODE OF ETHICS:

As a member of ANP, I agree to abide by the Canadian Code of ethics for Psychologists (2000) as adopted by the Association of Newfoundland Psychologists.

Signature: _____ Date: _____

FOR NEW MEMBERS ONLY

ANP SPONSOR (must be an ANP member):

Name:	Position:
Address:	
Telephone:	Date:
Sponsor's Signature:	
Applicant's Signature:	Date:
Primary Work Setting (Check one): <input type="checkbox"/> Health <input type="checkbox"/> Education <input type="checkbox"/> Counseling <input type="checkbox"/> Post Secondary <input type="checkbox"/> Private Practice <input type="checkbox"/> Other (Give Details) _____	

Please return form with payment to: **Membership Committee/Secretary**
Association of Newfoundland Psychologists
P.O. Box 26061, RPO LeMarchant Road
St. John's, NL A1C 5T9