

Association of Newfoundland Psychologists
P.O. Box 26061, RPO LeMarchant Road
St. John's, NL
A1C 5T9

December, 2004

Dear Member:

It is time to renew your membership in the Association for 2005. Please find, on the reverse of this notice, an information sheet outlining the information which the Association needs for our database. Please fill in the information on the reverse, complete the information below and return this form, along with the appropriate remittance, to **ANP Membership Committee** at the above address as soon as possible.

The deadline for renewal is **January 31, 2005.**

Please note that this is the only membership renewal notice you will receive this year. Renewals post-marked after January 31 will be subject to a \$10 reinstatement fee.

Name: _____

*Class	Dues	Amount Due
<input type="checkbox"/> MEMBER <i>Requirements:</i> Doctorate in psychology; or masters and two year's post masters relevant experience	\$70	\$ _____
<input type="checkbox"/> ASSOCIATE <i>Requirements:</i> Masters degree in psychology	\$63	\$ _____
<input type="checkbox"/> AFFILIATE <i>Requirements:</i> Interest in psychology through work in related field	\$42	\$ _____
<input type="checkbox"/> STUDENT <i>Requirements:</i> Full time graduate student of psychology	\$14	\$ _____

****CPA Members: Deduct 5% (CPA # _____)** \$ _____

TOTAL ENCLOSED: \$ _____

Signature: _____ Date: _____

I would be interested in serving on an ANP Committee

* For those whose class is not "Member," if your membership class has changed since last year, please check the applicable box, note that this is a change, and send the correct amount of dues for the new category.

** Under the joint fee reduction agreement between CPA and ANP, you are entitled to a 15% reduction in CPA dues and a 5% reduction in ANP dues if you are a member of both organizations. Thus, if you are a CPA member, the amount due is:
\$66.50 - Member; \$59.85- Associate; \$39.90 - Affiliate; \$13.30 - Student.

Note: If you decide not to renew your membership for 2001, we would appreciate it if you would let us know your reasons in order that we may better serve the membership. You may do this anonymously, if you wish. Thank you for your assistance.

Member Information	
Title	
First Name	
Last Name	
Same information as last year's application	
Preferred Address	
Preferred City	
Preferred Province	
Preferred Postal Code	
Other Address	
Other City	
Other Province	
Other Postal Code	
Business Phone	
Home Phone	
Fax Number	
E-Mail Address	
NBEP #	
Degree	
University	
Attained	
Work Setting	
Organization	
Status	