



# Alaska Psychological Association 2012 Membership Application / Renewal Form

If you are renewing your membership, please insure that AK-PA receives your application by February 28th. Members not renewed are removed from the AK-PA listserv and Referral Directories.

**Even Better!** Take advantage of a 10% discount if your renewal is received or postmarked by January 15<sup>th</sup>, 2012.

## CONTACT AND MEMBERSHIP DIRECTORY INFORMATION

\_\_\_\_\_  
First name, Last name, Degree

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Are you a licensed mental health professional?  Y  N If yes, license type and number? \_\_\_\_\_

What is your work setting?  Independent  Agency  Hospital  School  Academia  Other \_\_\_\_\_

Are you a past AK-PA member?  Y  N If so, for how many years? \_\_\_\_\_ Are you a member of APA?  Y  N

In what AK-PA activities would you like to be involved?  Diversity  Continuing Education  Finance

Membership  Legislative  Public Education  Disaster Response  Technology  Other: \_\_\_\_\_

Please give us suggestions for Continuing Education topics/presenters you would like to see offered in Alaska? \_\_\_\_\_

## FEES

Full Membership (Masters/Doctorate in psychology or related field or actively engaged in work in psychology/mental health):

\$110 = 1st Year Member  \$180 = 2nd Year  \$230 = 3rd Year on  \$50 = Retired  \$50 = Hardship

Affiliate Membership:  \$25 = Student  \$50 = Out of state  \$50 = Non-psychology/mental health

\$50 = Dual membership if a full member of AKCA, NASWAK, or AKAMFT

Notes: Submit a new membership application in Oct-Dec and it will be valid for membership through the next year. A full membership is required in order to have a free listing in the member referral and speaker listings.

## PAYMENT

Amount from above: \_\_\_\_\_

Less 10% if received or postmarked by 1/15/12: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

Check Enclosed

MasterCard or  Visa Card# \_\_\_\_\_ Expires: \_\_\_\_\_

Signature for Credit Card: \_\_\_\_\_

Please mail your completed application with payment to: Alaska Psychological Association  
P.O. Box 241292

Or fax with credit card information to: (907)349-2161 Anchorage, Alaska 99524-1292

Pursuant to IRC Sec. 6033(e)(1)(A)(ii): AK-PA hereby gives notice that a portion of your dues payable for 2011 membership may be allocated to lobbying and political expenditures—and thus would be non-deductible for federal income tax purpose by reason of IRC Sec. 162(e)(3). A letter of notification will be provided to AK-PA members before December 31, 2012 upon request.

**AK-PA EMAIL LISTS (Listservs) & WEBSITE REFERRAL DIRECTORY INFORMATION**  
**(Please complete as this page will be separated from page 1 for updating subscriptions and website.)**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

**AK-PA Listserv.** AK-PA uses electronic mail to correspond with its members via a membership listserv. What is the email address you wish to have subscribed to AK-PA member list (please print clearly)?

\_\_\_\_\_. Is this a new subscription or a change to your current subscribed address?  Y  N

**AKPA-MH Listserv.** Do you wish to subscribe or maintain your subscription to the optional AKPA-MH list, which is for all Alaska mental health professionals and has been a great resource for networking & staying current (recommended)? (See <http://www.ak-pa.org/listserv> for more information on the email discussion lists.)

Please:  subscribe me  unsubscribe me  no change to current subscription  change subscribed address to the one above.

**Speaker's Listing.** If you are a full member of AK-PA and would like to be listed on the website as a potential speaker indicate in what areas or topics you are interested and qualified to speak. The contact information listed below for the Referral Directory will be used. If contacted, you would be free to make any arrangements you wish. Please represent AK-PA well!

Topics / Areas of Expertise to List: \_\_\_\_\_

**Referral Directory.** If you are a licensed mental health professional and a full member of AK-PA (not student, retired, hardship, out of state, or dual membership discount), do you wish to add your free listing or maintain your existing listing in the referral directory of licensed mental health professionals published on the AK-PA website (<http://www.ak-pa.org/referral>) as a mental health resource for the public?  Y  N - If yes, check the box certifying that you are both licensed as a mental health professional and are joining as a full member as defined above  Signature: \_\_\_\_\_

Please indicate your preference:

- Add my listing to the referral directory (complete the form below).  Remove my existing listing.  
 No changes to my current listing (no need to complete the remainder of the page).  
 Change only the fields I have filled in below (leave blank fields that are ok as is).

If yes for the referral directory, please fill in the following fields as you want them to be listed. "Ages Seen", "Services Offered", "Languages", and "Setting" must conform to the categories provided. You must hold a current mental health license to be listed.

Name: First/Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Degree(s) (Ph.D., M.S., etc.): \_\_\_\_\_ License(s) (Psychologist, LPA, LPC, etc.): \_\_\_\_\_

Setting(s):  Independent Practice  Agency  Hospital  School  Academia

Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone to be listed: \_\_\_\_\_ Email to be listed: \_\_\_\_\_

Website URL: <http://> \_\_\_\_\_ (Leave email and/or website blank if you don't want them listed.)

Ages Seen:  1-5,  6-12,  13-17,  18-65,  65+ Languages Available: English and \_\_\_\_\_

Services: Therapy:  individual  couples  family  group /  evaluation  clinical supervision  consultation  forensic

Areas of Specialties – 25 words or less (e.g.: depression, trauma, domestic violence, forensic evaluation, expert witness, etc., not a repeat of "couples therapy", etc. This provides search terms for visitors. Check other listings on the website for comparison).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_