



Alaska Psychological Association 2010 Membership Application / Renewal Form

If you are renewing your membership, please insure that AK-PA receives your application by February 28th. Members not renewed by that time risk removal 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 15th, 2010.~~
Extended to February 15th, 2010.

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, what type of license? _____

What is your work setting? _____

Are you a past AK-PA member? Y N

Are you a member of APA? Y N

In what AK-PA activities would you like to be involved? Diversity Continuing Education Business of Practice Network
 Public Education Disaster Response 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 member of AKCA, NASWAK, AKAMFT

Note: Submit an initial membership application in Oct-Dec and it will be valid for membership through the next year.

PAYMENT

Amount from above: _____

Less 10% if received or postmarked by 1/15/10: _____

Total Amount Due: _____

Check Enclosed

MasterCard or Visa Card# _____ Expires: _____

Signature _____

Please mail your completed application with payment to:

Alaska Psychological Association

P.O. Box 241292

Or fax with credit card information to: (907)344-8878

Anchorage, Alaska 99524-1292

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

Name (Please Print) _____

Date _____

AK-PA List. 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 change to a currently subscribed address? . . . Y N

AKPA-MH List. 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 my current subscription
 change my subscribed email address to the one I listed above.

Speaker's Listing. New! - 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, 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

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

Areas of Specialties (for example: depression, trauma, eating disorders, domestic violence, forensic evaluation, expert witness, etc., ... not a repeat of "couples therapy", etc. This will provide more search terms for people using the database. Check other listings on the website for comparison). Please keep to twenty-five words or less:

