



Mississippi Psychological Association

P.O. Box 16544, Jackson MS 39236

Phone: 601-372-7755

mpa@mpassoc.org

www.mpassoc.org

Application for Membership / Renewal of Membership

You can easily join/renew MPA membership online at www.mpassoc.org or complete the form below and email
Please complete (print or type) *all appropriate sections*. Send completed application and dues to MPA at the above address

Name: _____
First Name, Middle Initial, Last Name, Degree

Email: _____ **Secondary Email:** _____

Membership Type: Clinical / Health Service Provider: Doctoral Degree in Psychology, providing Clinical Services
 Academic: Academic/Research: Doctoral Degree in Psychology; primary employment at college or university; involved in teaching or research. Provides NO Health Services (other than supervision of students)
 Dual: Health Service Provider & Academic
 Associate: Non-licensed Psychologists, Associates of APA, or possess at least a BA or BS degree with a major in psychology granted by a recognized college or university, and are employed in primarily psychological work
 Student: Undergraduate, or Graduate Student, Graduate Student on Internship, Post-Doctoral Training
 Exempt Status: Current MPA member, minimum of 5 years continual membership, retired and 65 years old

Practice Specialty/Focus: Geriatric Children/Youth Older Adolescent/ Young Adult Trauma specific
 Couples/Family Forensics Veterans Other

Are you fluent in a second language? If so, what language? _____

Are you certified by MS Board of Psychology to perform Civil Commitment assessments? YES NO

Please provide both the home and work address and where you prefer to receive your MPA mailings**

This mailing address may appear in print and web versions of the directory.

Work Address: (Mark circle if this is your preferred address for printed communications.)

City State Zip County

Work Phone: _____/_____
Area Code Area Code

Fax: _____/_____
Area Code Area Code

Home Address: (Mark circle if this is your preferred address for printed communications.)

City State Zip County

Home Phone: _____/_____
Area Code Area Code

Cell: _____/_____
Area Code Area Code

If this is a new member application, please provide professional reference by MPA member:

Name: _____ **Contact information:** _____

EDUCATION:

HIGHEST DEGREE IN PSYCHOLOGY _____ DATE CONFERRED _____
INSTITUTION _____ DEPARTMENT _____ SPECIALTY _____

MISSISSIPPI BOARD OF EXAMINERS:

MS Licensure # _____ Date of Initial Licensure in MS _____

Indicate Licensure Status below:

- Licensed psychologist
- Licensed/Certified in other states? State _____ License # _____
- Other: _____

PROFESSIONAL ASSOCIATIONS:

APA Associate Fellow Grad Aff Member Student **ABPP** Child Clinical Counseling Forensic
 Neuropsychology Health Other: _____ **APS** Fellow Member Student **National Register**

ETHICS ALLEGATIONS OR VIOLATIONS*

1. Have you ever had any action taken against you by a professional organization or state licensing agency? ___Yes ___No
2. Are you currently under investigation by any professional organization or licensing agency, or do you have any complaints pending?
___Yes ___No
3. Have you ever been convicted of a felony? ___Yes ___No
4. Are you currently a defendant in any malpractice suit? ___Yes ___No
5. Have you ever been found liable for malpractice, either in court or in an out-of-court settlement? ___Yes ___No
6. Have you ever relinquished any professional responsibility, resigned from a position, or been fired because of an ethical or legal complaint which was brought against you? ___Yes ___No
7. Have you ever resigned from a professional organization or surrendered a license while an ethics or legal complaint was pending against you? ___Yes ___No

ETHICS DECLARATION & SIGNATURE

As a condition for membership in the Mississippi Psychological Association, I affirm that I am familiar with, and agree to be bound by, the Bylaws of the Mississippi Psychological Association (*available online at www.mpassoc.org*), as well as the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, the Standards for Providers of Psychological Services. I also certify that the information provided in this application is correct and complete to the best of my knowledge. I give my permission to the Mississippi Psychological Association to verify any information given in this application.

Signature of Applicant _____ Date _____

2 Easy Ways to Join/Renew Membership at MPA!

1. ONLINE – Fill out online application and pay via credit card at www.mpassoc.org.
2. BY MAIL – Download application and mail with check payable to MPA P.O. Box 16544, Jackson, MS 39236

The IRS requires that we inform you that your dues are not deductible from your personal income taxes as a charitable deduction. 10% of your dues are not deductible from your business return as an ordinary business expense, due to lobbying and advocacy expenses.

MEMBER DUES

Health Service Provider/ Clinical

____\$255 yearly
Early Career Discount
 ____\$175 year
 (1 year post licensure. License Year: ____)
 ____\$200 year
 (2 year post licensure. License Year: ____)

Dual Membership: Health Service Provider & Academic

____\$255 yearly
Early Career Discount
 ____\$175 year
 (1 year post licensure. License Year: ____)
 ____\$200 year
 (2 year post licensure. License Year: ____)

Academic

____ \$165 yearly

Student: Please attach copy of student ID

____ \$30 yearly

Associate Membership

____\$175 yearly

Exempt Status

____\$40 yearly