



## Mississippi Psychological Association

P.O. Box 16544, Jackson MS 39236

Phone: 601-608-7677

[mpa@mpassoc.org](mailto:mpa@mpassoc.org)

[www.mpassoc.org](http://www.mpassoc.org)

### Application for Membership / Renewal of Membership

Join or renew your MPA membership online at [www.mpassoc.org](http://www.mpassoc.org) or complete the form below and email to [info@mpassoc.org](mailto:info@mpassoc.org). Please complete (print or type) *all appropriate sections* and send the 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  
\_\_\_\_\_ Early Career Psychologist: Received initial licensure within the last 2 years  
\_\_\_\_\_ 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 or 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: \_\_\_\_\_ / \_\_\_\_\_ Fax: \_\_\_\_\_ / \_\_\_\_\_  
Area Code Area Code

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

\_\_\_\_\_

\_\_\_\_\_

City State Zip County

Home Phone: \_\_\_\_\_ / \_\_\_\_\_ 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

**HAVE YOU BEEN ELECTED TO THE MPA EXECUTIVE COUNCIL BEFORE? YES or NO**

If yes, please indicate the position(s) to which you have been elected and the year(s) served.

- President \_\_\_\_\_  President-Elect \_\_\_\_\_  Financial Officer \_\_\_\_\_  Communications Officer \_\_\_\_\_
- Region 1 Rep \_\_\_\_\_  Region 2 Rep \_\_\_\_\_  Region 3 Rep \_\_\_\_\_  Region 4 Rep \_\_\_\_\_  APA Council Rep \_\_\_\_\_

**MPA COMMITTEES:** Please select the committee(s) on which you would like to serve.

- Academic/Training  Ad-Hoc Bylaws  Business of Practice  Continuing Education  Diversity  Early Career Psychologist
- Federal Advocacy  Legislative Relations  History  Leadership Development Academy  Membership
- Psychology & Law Task Force  Public Education  Telehealth Rural Health

**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](http://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 the online application and pay via credit card at [www.mpassoc.org](http://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

**Academic**

\_\_\_ \$165 yearly

**Dual Membership: Health Service Provider & Academic**

\_\_\_ \$255 yearly

**Early Career Psychologist (1<sup>st</sup> & 2<sup>nd</sup> Year Post-Licensure)**

\_\_\_ \$190 yearly

**Associate Membership**

\_\_\_ \$175 yearly

**Student**

\_\_\_ \$30 yearly

**Exempt**

\_\_\_ \$40 yearly