The Association of Black Psychologists, Inc.

7119 Allentown Rd, Suite 203 Ft. Washington, MD 20744
Phone: (301) 449-3082 Fax: (301) 449-3084 Website: www.abpsi.org Email: abpsi@abpsi.org

Join or Renew Online at www.abpsi.org

NATIONAL MEMBERSHIP APPLICATION

Annual Membership Term: January 1st to December 31st

PLEASE READ APPLICATION GUIDELINES ON REVERSE SIDE

Application Date: Month _____Day_____ Year_____ **Membership for this Application Expires on December 31st*

Membership Type: ( ) Professional ( ) Student **Application Type**: ( ) New Member ( ) Renewing Member

PART I PERSONAL INFORMATION

Gender: ( ) Female ( ) Male **Date of Birth**: Month_____ Day_____ Year_____

NAME _____
First Middle Last Suffix Credential(s)

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ **STATE** _____ **ZIP CODE** _____ - _____

HOME PHONE _____ **CELL PHONE** _____

EMAIL* _____ **BUSINESS PHONE** _____ ( ) Ext. _____

**Associations News is provided via Email*

PART II PROFESSIONAL INFORMATION

HIGHEST DEGREE EARNED IN PSYCHOLOGY OR RELATED FIELD _____ **YEAR GRADUATED** _____

INSTITUTION _____ **FIELD OF STUDY** _____

YEAR (FROM-TO) _____ **MAJOR FIELD OF DEGREE** _____

INSTITUTION _____ **FIELD OF STUDY** _____

YEAR (FROM-TO) _____ **MAJOR FIELD OF DEGREE** _____

INSTITUTION _____ **FIELD OF STUDY** _____

YEAR (FROM-TO) _____ **MAJOR FIELD OF DEGREE** _____

How do you identify as a Psychologist?

☐ Clinical ☐ Counseling ☐ Basic Researcher ☐ Applied Researcher ☐ Health Service Provider

☐ School Psychologist ☐ Applied Psychologist (I/O, Forensic, etc.) ☐ University/College/Community College Educator ☐ K-12 Educator

☐ Consulting (specify)_____ ☐ Other_____

Employer _____ **Job Title**_____

Employment Setting: ☐ Human Services ☐ Education ☐ Federal/State Government ☐Administrator ☐ Other _____

☐ Retired

Are you Licensed as a Psychologist by a State or Provincial Psychology Board? ☐ YES ☐ NO **Is your License Active** ☐ YES ☐ NO

In Which State(s) are you Licensed? _____

Other than English, what Languages do you Speak Fluently?_____

Please Indicate your Areas of Specialty and/or Practice:

( ) Biological Psychology
( ) Clinical/Counseling Psychology
( ) Child Psychology
( ) Cognitive Psychology
( ) Community Psychology
( ) Developmental Psychology
( ) Educational Psychology
( ) Experimental Psychology
( ) Forensic/Legal Psychology
( ) Health Psychology
( ) Industrial Organizational Psychology
( ) International Psychology focusing on Culture, Ethnicity & Race
( ) Intellectual Disabilities
( ) Marriage & Family
( ) Military/Veteran Psychology
( ) Neuropsychology
( ) Rehabilitative Psychology
( ) Personality Psychology
( ) Psychometrics/Statistics
( ) Psychopharmacology Specialty
( ) Social Psychology
( ) School Psychology
( ) Special Education
( ) Sports Psychology
( ) Trauma/Crisis Intervention
( ) Other (Please specify)_____

PART III COMMUNICATION INFORMATION

We often Receive Requests from the Media for Psychologists to Provide an Expert Opinion on Various Topics. Do you want to be a part of The Media Response Team? ☐ YES ☐ NO

Would you like to Receive Digital Copies of *The Psych Discourse News Journal* instead of Hard Copy? ☐ YES ☐ NO

PART IV PAYMENT INFORMATION

ANNUAL MEMBERSHIP DUES: Please see guidelines for description of membership categories. **Students: Include copy of CURRENT Student I.D.**

☐ **Life**	**$2500.00**	☐ **Early Career Professional (ECP) 2nd Yr……**	**$175.00**
☐ **Supporting**	**$300.00**	☐ **Professional Affiliate**	**$235.00**
☐ **Professional General**	**$225.00**	☐ **International Professional……..**	**$150.00**
☐ **Professional Associate**	**$225.00**	☐ **Graduate Student**	**$55.00**
☐ **Professional Adjunct**	**$225.00**	☐ **Undergraduate Student**	**$35.00**
☐ **Early Career Professional (ECP) 1st Yr……..**	**$125.00**	☐ **Institutional Member**	**$1500.00**

**Members who choose not to join the local chapter in their area, must pay the $25 Member at-large Fee. If a chapter does not exist, the fee does not apply.*

PAYMENT METHODS ☐ CHECK/MONEY ORDER ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ PURCHASE ORDER #_____

NAME OF CARDHOLDER_____

BILLING ADDRESS_____

CREDIT CARD NUMBER_____ CCV CODE_____ EXPIRATION DATE_____

SIGNATURE_____

PAYMENT

Membership Fee	_____
$25.00 Member-at-large fee (if you do not join local chapter)	_____
ABPsi Annual Campaign Donation	_____
ABPsi Student Circle Annual Campaign Donation	_____
ABPsi Trauma Relief Pledge Donation	_____
SUBTOTAL	_____
Add 5% Service Charge for credit card payments only	_____
TOTAL AMOUNT	_____

5% Service Fees on Credit Cards

$300.00	$ 15.00
$225.00	$ 11.25
$175.00	$ 8.75
$125.00	$ 6.25
$55.00	$ 2.75
$35.00	$ 1.75
$1500.00	$ 75.00
$2500.00	$ 125.00

In submitting this application, I affirm that the statements made in this application are true. I also affirm that I subscribe to and will support the objectives of The Association of Black Psychologists as outlined in the Bylaws. I agree that my conduct will be governed by The Association of Black Psychologists' Code of Conduct and Ethical Procedures. I assume the Rights, Privileges, and Responsibilities of Membership in the Association of Black Psychologists:

_____ _____

Applicant's Signature: **Date:**

GUIDELINES FOR COMPLETING THE MEMBERSHIP APPLICATION

- Use your full name as you want it to appear on your membership card, and be sure to include your professional credentials.
- Be sure to provide the mailing address to where you want to receive your membership materials and publications (especially students).
- A listing of ABPsi's Chapters is on the website at www.abpsi.org.
- An e-mail address is needed to process your membership (for access to on-line membership portal).
- **Member-At-Large is a category designated** for members who do not belong to a local chapter that exists in their area. A $25.00 fee is charged in addition to national dues.
- **Chapter membership is not permitted without national membership. Chapter membership requires local dues to be paid directly to the chapter, in addition to paying national membership dues.**

MEMBERSHIP CATEGORIES

MEMBERSHIP CATEGORY REQUIREMENTS

LIFETIME: Individual members who wish to make a one-time financial commitment of $2,500 to cover membership dues for the individual's Lifetime. Payment of the $2,500 dues may be paid in installments, and full payment must be made within 3 years.

***A member is not considered to be a Life Member until the Life Member dues payment of $2,500 is paid in full. Therefore, members must continue to pay their annual dues in addition to the installment payments, until Lifetime dues have been paid in full.**

INSTITUTIONAL: Open to institutions/agencies committed to ABPsi's goals and objectives.

EARLY CAREER PROFESSIONAL(ECP): Available for 1st and 2nd year of professional membership for those who recently obtained a doctorate or master's degree (within 2 years of join date). This category is only available for a (2) year window. Individuals must submit a copy of transcripts that show the date a doctorate degree was conferred. Rate is $125 for first year and $175 for second year. After second year, full professional rate of $225 applies. **VERIFICATION OF GRADUATION YEARIS REQUIRED.**

PROFESSIONAL SUPPORTING: Open to those who wish to provide financial support the organization, above their membership dues.

PROFESSIONAL GENERAL: Individuals who hold a Masters or Doctoral degree in Psychology.

PROFESSIONAL ASSOCIATE: Individuals who hold a Masters or Doctoral degree in one of the other Behavioral Sciences.

PROFESSIONAL ADJUNCT: Individuals who hold a Bachelor's degree in Psychology and/or one of the other Behavioral Sciences.

PROFESSIONAL AFFILIATE: Individuals who are not eligible for other membership categories, but are committed to ABPsi's goals and objectives (no voting privileges).

INTERNATIONAL: Individuals who reside outside of the Continental United States.

GRADUATE STUDENT: Individuals who are currently enrolled at the graduate level in the area of Psychology **(Not eligible for Psychologist Listing Referral Program).**

UNDERGRADUATE STUDENT: Individuals who are currently enrolled at the undergraduate level in the area of Psychology **(Not eligible for Psychologist Listing Referral Program).**

*Students must include a copy of a **CURRENT** Student ID verifying enrollment.

*As a student you will be a member of the Student Circle. Be sure to visit the Student Circle section of ABPsi's website at www.abpsi.org to receive current information about Student Circle activities.

MEMBERSHIP BENEFITS

1.) Six (6) issues of ***The Journal of Black Psychology***, **2.)** Four (4) issues of ABPsi's ***Psych Discourse News Journal***; **3.)** Opportunity to publish articles in ABPsi publications; **4.)** Reduced Annual Convention registration fees; **5.)** Voting privileges (except for Affiliate and Institutional members); **6.)** Discounted advertising rates; **7.)** Opportunity to be included in the Therapist resource Directory (ABPsi Psychologist Referral List a $500.00 value) on the website for public consumption**; 8.)** Reduced Car Rental Rates with Hertz, **9.)** Opportunity to join a Professional Committee or Board, **10.)** Intellectual stimulation; networking, collaboration, and participation in an organization committed to the physical, mental, and spiritual well-being of African people.

Please be advised that subscriptions to *The Journal of Black Psychology* and *The Psych Discourse News Journal* begin with the next issue following receipt of membership payment.

The Association of Black Psychologists

Therapist Resource Directory Registration Form

To Be Completed Only by Members who have an Active License to Practice

In an effort to support our members and serve our community, ABPsi provides a listing service to aid people who are seeking African American Psychologists. Participating psychologists are required to have an active license to practice. This is a free member benefit, valued at $500.00, open to licensed professional members. This information will also be placed on our website with your permission. **Register on line at http://www.abpsi.org/find-psychologists/**. **Please note that it is the member's responsibility to inform the National Office of changes to information.*

Please Tell us About your Practice, as you Would like it to Appear on the ABPsi web site:

Your Name:		
Business Name:		
Office Address:	City:	
State:	Zip:	Email:
Office Telephone #: ( )	Ext.	Fax #: ( )

Please Indicate Below each Area of your Specialty:

( ) Adolescent Therapy
( ) African Centered
( ) Anxiety Disorders
( ) Anger Management
( ) Assessment
( ) Biofeedback
( ) Child Therapy
( ) Christian Counseling
( ) Clinical Psychology
( ) Community Psychology
( ) Crisis Intervention/Trauma
( ) Culture, Ethnicity & Race
( ) Death & Dying
( ) Depressive/Bipolar and Related Disorders
( ) Domestic Violence
( ) Eating Disorders
( ) Educational Assessment
( ) Executive Coaching
( ) Energy Psychology
( ) Family Therapy
( ) Forensic Qualutation
( ) Gerontological
( ) HIV/AIDS
( ) Health
( ) Human Resources
( ) Hypnosis
( ) Intelligence/IQ Measurement
( ) Intellectual Disabilities
( ) LGBTQIA
( ) Marital Therapy
( ) Mood Disorders
( ) Neurodevelopmental Disorders
( ) Obesity
( ) Psychological/Neurological Testing
( ) Psycho Pharmacology
( ) Sports Psychology
( ) Strategic Planning
( ) Relationship Issues
( ) Substance-Related and Addictive Disorders
( ) Schizophrenia Spectrum and Other Psychotic Disorders
( ) Sexual Abuse
( ) Veterans/Military
( ) Workforce Diversity
( ) Other

Please list other areas:_____ **Please specify insurance(s) accepted:**_____

Please indicate the age group (s) covered by your practice: Early Childhood (2 – 12) Adolescents (13 – 17) Young Adults (18 – 21) Adults (21 – 54) Seniors (55+)

Please provide the following information for our records only. This information will not be provided to the consumer.

LICENSURE		**CERTIFICATION**	
Do you have an active license: YES _____ NO _____		**Are you certified?** YES _____ NO _____	
In what profession(s) are you licensed?		**In what areas of specialty are you certified?**	
State(s) Licensed:	**License No.:**	**State(s) Certified:**	**Certification No.:**
State(s) Licensed:	**License No.:**	**State(s) Certified:**	**Certification No.:**
National Certification(s) by:		**Certification No.:**	

Have you ever been convicted of a felony, sanctioned by any professional ethics body, licensed board or other regulatory body?
☐ YES ☐ NO

I hereby grant permission for ABPsi to post my information on the ABPsi public website:

Signature_____ Date_____