



MONTANA ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Membership Application

<i>Name</i>		<i>Highest degree attained</i>	<i>Home telephone</i>
<i>Mailing address</i>			<i>Cell phone</i>
<i>City</i>	<i>State</i>	<i>ZIP Code (9-digit zip preferred)</i>	
<i>E-mail address (home)</i>		<i>E-mail address (other)</i>	
<i>School/Employer</i>		<i>Job title</i>	<i>Office telephone</i>
<i>Work Setting:</i> <input type="checkbox"/> Public school <input type="checkbox"/> Private or parochial school <input type="checkbox"/> Cooperative <input type="checkbox"/> Private Practice <input type="checkbox"/> Other (please specify)			

Are you licensed by the Montana Office of Public Instruction?

Yes No

Class: 1 2 3 4 5 6 7

Endorsement(s)

Please check all that apply to your application

- New member
- Regular
- Renewal
- Student
- Associate or Retired

Current Professional Memberships

- Member of NASP
- Member of MPA

- Currently a school psychologist
- Nationally Certified School Psychologist (ncsp)
- Licensed Clinical Professional Counselor (lcpc)
- Licensed Clinical Psychologist
- Student in school psychology or related field
- Other (please specify)

Where did you train in school psychology?

Current Annual Dues

- Members (\$60)
- Students (free)
- Retired (\$30)
- Associate (\$60)

Signature of Applicant

For Office Use		
Date	application	received
Renewal		date
Check		number
Acknowledgement sent _____		

<p>Please return the completed application and dues (check or money order payable to MASP) to Carly Nason, MASP TREASURER 1513 Spruce Court Great Falls, Montana 59405</p>
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