



MONTANA ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Membership Application

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

 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)

Current Professional Memberships

- Member of NASP
 Member of MPA

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 Andy Mogan, MASP Treasurer PO Box 721 Ronan, MT 59864</p>
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