MASP

 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 Private or parochial school Cooperative Private Practice 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

Where did you train in school psychology? Current Annual Dues

Members ($60)

Students (free) Retired ($30)

Associate ($60)

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)

 ***Signature of Applicant***

|  |  |
| --- | --- |
| **For Office Use** |  |
| **Date Renewal Check** | **application** | **received date number** |

*January 2012*

**Acknowledgement sent**

**Please return the completed application and dues (check or money order payable to MASP) to**

**Katie Canepa, Treasurer**

**4332 Expressway Apt. 4**

**Missoula MT 59808**