

ASPA MEMBERSHIP APPLICATION FOR 2/2010-1/2011

Membership is typically from February through January. These dates were chosen to facilitate membership renewal during the Alaska Statewide Special Education Conference in February. Please mark which membership dues you're paying:

____ Regular dues for one year for certificated school psychologist who currently is a member of ASPA: \$40

____ Regular dues for three years for certificated school psychologist who currently is a member of ASPA: \$105

____ Fall prorated dues for new members (please send a copy of your Alaska school psychologist certificate): \$55

____ Student dues for one year for anyone pursuing school psychologist certification (please send a letter of verification from your university Dean): \$20

____ Affiliate dues for one year for anyone working with children in a school setting but not pursuing school psychologist certification (please send a letter of verification from your principal or director of special education): \$20

Name _____ Date _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

I certify by my signature that all information on this form is true.

Make your check payable to ASPA. Send check and application to Jason Stahl, EdS, ASPA treasurer, 3520 Checkmate Drive, Anchorage, AK 99508. Thank you!