

Membership Requirements

Member:

The minimum standard for election to Member status shall be the receipt of the doctoral degree from a program in psychology that is conferred by a regionally accredited graduate school. Candidates for Member status shall be engaged in study or professional work that is primarily psychological in nature.

Associate:

The minimum standards for election to the Associate category shall be:

- i. completion of at least two (2) years of graduate work in psychology in a graduate school which meets the standards of the Michigan Board of Psychology in effect at the time, or;
- ii. a master's degree in psychology from a graduate school that meets the standards of the Michigan Board of Psychology in effect at the time the degree was granted, or for persons not holding a license to practice psychology, a regionally accredited graduate program in psychology.

Student Affiliate:

Members shall be persons enrolled in a regionally accredited graduate program in psychology. Student Affiliates may participate in all activities of the Association, but not vote. One student does sit on the MPA Board of Directors with voting privileges.

MPA is an APA Approved Sponsor of Continuing Education.

Dues Information Please circle correct category

Category	Description	Fee
Sustaining, Doctorate	Recognized Supporter of MPA	\$500.00/yr.
Doctorate, Full License	Licensed 5+ years	\$295.00/yr.
Doctorate, Full License	Licensed 2-5 years	\$265.00/yr.
Doctorate, Full License	Licensed under 2 years	\$220.00/yr.
Doctorate, Licensed	Limited License 3 rd year Post-Doctoral	\$155.00/yr.
Doctorate, Licensed	Limited License 2 nd year Post-Doctoral	\$125.00/yr.
Doctorate, Licensed	Limited License 1 st year Post-Doctoral	\$100.00/yr.
Doctorate, Licensed	Income less than \$40k. Contact the MPA office	\$200.00/yr.
Doctorate, Non-Licensed	Academic 90% of income from teaching	\$235.00/yr.
Emeritus Retired	Age 70 + MPA member for 10 consecutive years, not teaching, consulting or in practice	\$100.00/yr.
Associate Student Membership	Master's Degree Affiliate	\$150.00/yr. \$25/yr.

Michigan Psychological Association

Membership Application

MPA Membership Matters

Advocacy

MPA is the voice for psychology in Michigan, dedicated to protecting the interest of psychologists and promoting the public welfare through effective public policy.

Continuing Education

MPA presents an Annual Conference, plus continuing education programs throughout the year. Over 30 hours of APA approved CE offered each year.

MPA provides free consultation regarding insurance, licensing and professional ethics, as well as access to experts in numerous specialties.

Phone: 517-347-1885

www.Michiganpsychologicalassociation.org

PROFESSIONAL ETHICS DECLARATION:

Have you ever been (a) convicted of a felony, (b) sanctioned or reprimanded by the APA Ethics Committee, the Ethics Committee of a state psychological association or a state licensing board, (c) relinquished professional responsibilities in connection with an ethical or legal issue (d) or are you currently under review or investigation by any professional organization or state ethics/licensing/credentialing board? Yes No (If yes, please explain and attach additional pages.)

_____ I hereby make voluntary application to the Michigan Psychological Association (MPA) for membership at the level indicated and I agree to be bound by the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association and the Bylaws of the Michigan Psychological Association. I agree that non-payment of dues for two consecutive years is the equivalent of a resignation from MPA and that during such two-year period I will continue to be bound by the ethics of the profession as described in the Bylaws of the Michigan Psychological Association and the Rules and Procedures of its Ethics Committee. I understand that my membership is entirely voluntary, and I agree to make no claim against the Michigan Psychological Association, its officers, committees, members, or agents for failure to issue membership or for any action taken in connection with this application or my membership. Whenever it is deemed appropriate, I authorize MPA to exchange information concerning my membership or my application (before or any time after action is taken on my application) between the American Psychological Association, state psychological associations, and state licensing boards or certifying agencies. In the event of an investigation, I authorize MPA, its officers, committees or its agents to conduct an investigation regarding my character and professional standing, and I authorize any person contacted by the MPA to respond to an inquiry. MPA DOES NOT DISCRIMINATE ON THE BASIS OF RACE, GENDER, SEXUAL ORIENTATION, OR OTHER PROTECTED CLASSES.

Signature: _____

Date: _____

Name: _____
(last) (first) (middle)

Address: _____
(Street)

_____ City State Zip

Home Zip Code: _____ Home County: _____

Phone: (____) _____

E-Mail: _____
(your email will not be shared with others)

PROFESSIONAL APPLICANTS

Highest Degree: _____ Year: _____

Institution: _____

Program Title: _____

Michigan License #: _____

Year Licensed: _____

Other State Licenses: _____

Current Position: _____

Please check and complete if applicable:

I am competent to offer services in the following languages (other than English)

I am willing to provide clinical supervision

I am willing to provide Pro Bono services

STUDENT APPLICANTS:

Institution: _____

Program: _____

MEMBERSHIP CATEGORY

- Regular Member (Doctorate)
- Associate Member (Master's Degree)
- Student Affiliate (Graduate Student)

Type of Michigan License in Psychology

- Full Limited None Other

APA Member

- Fellow Member Associate Student

Areas of Practice (Check all that apply)

- Adult Adolescent Children
- Academic Marriage & Family Forensic
- Industrial Organizational Neuropsychology
- Public Sector School Substance Abuse
- Assessment Other _____

CREDIT CARD PAYMENT

Please charge my Visa Mastercard AMEX Discover in the amount of \$ _____

Name on Card: _____

Account Number: _____

Exp. Date: _____

CVV (3digit number on back of card): _____

(AMEX 4 digit code on front of card)

Signature: _____

Instructions: Complete and sign this application. Mail to MPA, 124 W. Allegan St., Suite 1900, Lansing, MI 48933. Please enclose your check made payable to MPA or complete the credit card information.

Please let us know who recommended MPA membership to you: _____

