**2024-2025 MEMBERSHIP APPLICATION**

**LOS ANGELES COUNTY PSYCHOLOGICAL ASSOCIATION**

**September 1, 2024 – August 31, 2025, MEMBERSHIP DUES**

**Full Member** (Doctorate in psychology) …………………………………………………….………………..…………………………..$231

**Post-Doctoral/Pre-Licensure** (Recent doctoral graduate within the past seven years, Maximum two years at this level) ……………..$ 65

**Early Career Member** (Received doctorate within the past seven years, max four years at this level) Doctorate year received \_\_\_\_\_\_\_\_\_\_

\* First and Second Year at this Level……………………………………………………………………........................ $129

\* Third and Fourth Year at this Level……………………………………………………………………………………... $194

**Affiliate Member** (Master’s in a mental health field OR other professional wishing to support LACPA activities) .……..…................. $145

**Emeritus Member** (LACPA member for at least 15 yrs., most recently as Full Member, and age 70 or older) ……………………. $ 77

**Out-of-County/State Member** (Lives and works outside of Los Angeles County) ……………………….………….….….…………$145

**Student Member - Undergrad or Graduate** *(Pre-Doctoral, must submit proof of current student status with application****)*** ………....$ 47

**Application must be at the highest level for which the person is qualified.**

**OPTIONAL *with Membership***

**\_\_\_ Keep me on/Add me to the FREE LACPA Listserv (Available only with LACPA membership)**

**\_\_\_** Find a Therapist Listing - Expires 8/31/25 *You must be a CA licensed Psychologist, MD, LMFT, or LCSW to be listed* ...($50) +**\_\_\_\_\_\_\_\_\_**

**TOTAL ENCLOSED/AUTHORIZED** ……………………………..………………………………………………………………………..$**\_\_\_\_\_\_\_\_\_**

**GENERAL INFORMATION**

(Please Print Clearly)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree \_\_\_\_\_\_\_\_\_\_\_\_

Business Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Must provide to be on *LACPA’s Listserv*

Professional Web Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *The Website you list must include your name and California license number.*

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CA Psychologist/Therapist License No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Received\_\_\_\_\_\_\_\_ Expires\_\_\_\_\_\_\_\_\_\_\_

Preferred Mailing Address \_\_\_ Business \_\_\_ Home

**PROFESSIONAL ETHICS DECLARATION**

I have read and agree to abide by the Ethics Code(s) that applies to me in my professional capacities.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAIL TO: LACPA, 6345 Balboa Blvd., #126, Encino, CA 91316 OR RENEW/Join Online www. Lacpa.org**
**818-905-0410**

**PLEASE MAKE CHECK PAYABLE TO LACPA OR COMPLETE THE CREDIT CARD INFORMATION BELOW.**

Credit Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Three-digit security number: \_\_\_\_\_\_\_\_ Name as on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required:** This credit card bill is received at this street number\_\_\_\_\_\_\_\_\_ city \_\_\_\_\_\_\_\_\_\_\_\_\_ zip code \_\_\_\_\_\_\_\_\_\_\_