**LACPA’s Membership Application**September 1, 2025 – August 31, 2026

**Membership Category:**

*Must be the highest level for which the person is qualified.*

**\_\_\_ $**281 **Full Member** (Doctorate in psychology)

**\_\_\_ $**195 **Affiliate Member** (Master’s in a mental health field OR other professional)

**\_\_\_ $**195 **Out-of-County/State Member** (Lives and works outside of L.A. County)  **\_\_\_ $**127 **Emeritus Member** (Member for at least **15 yrs**. and age **70** or older)

**\_\_\_ $**115 **Post-Doctoral/Pre-Licensure** (Received doctorate within the past **7 years**, maximum 2 years at this level)

**Early Career Member** (Received doctorate within the past **7 years**) **Year Doctorate received**: **\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ $**179 **1st and 2nd year** at this level

**\_\_\_ $**244 **3rd and 4th year** at this level

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

**Optional with Membership:**

**\_\_\_** Add me to the **FREE** LACPA Listserv

**\_\_\_ $50** Find a Therapist Web search Add-on (Must be a licensed Psychologist, MD, LMFT, or LCSW)

**General information:**

(Please Print Clearly)

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:**   
  
Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOP/BBS License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Payment Information: Total amount authorized to charge:** $ **\_\_\_\_\_\_\_\_\_\_**

Credit Card Number: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Exp. Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CVV: **\_\_\_\_\_\_\_\_**  Name on Card: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address:** Check here if same as mailing: **\_\_\_\_\_\_\_\_\_**  
  
Street: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
  
  
City/State: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Zip code: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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