

LACPA's Membership Application

September 1, 2026 – August 31, 2027

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: _____