

# OHIO PSYCHOLOGICAL ASSOCIATION 2010-2011 NEW MEMBER APPLICATION

The OPA membership year runs from September 1 through August 31 each year.

Please print.

NAME:

First

Middle Initial

Last

LICENSE/MEMBER #: \_\_\_\_\_ DEGREE(S): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OPA Member or Affiliate Group that Referred You: \_\_\_\_\_

Have you been a member of OPA in the past? Yes No Professional Field: \_\_\_\_\_  
(i.e., clinical, counseling, child, I/O, neuropsychology, developmental, MR/DD, Rehabilitation, Alcohol/Drug)

<b>How should OPA Contact You?</b> <small>(This address may be released to approved providers of continuing education)</small> _____ _____ _____ <b>CITY, STATE, ZIP</b> _____ <b>COUNTY</b> _____ <b>PHONE</b> _____ <b>FAX</b> _____	<b>How should consumers and other OPA members contact you?</b> <small>(This information is used for consumer inquiries, the online OPA Membership Directory, and the online Psychologist Referral Program.)</small> _____ _____ _____ <b>CITY, STATE, ZIP</b> _____ <b>COUNTY</b> _____ <b>PHONE</b> _____ <b>FAX</b> _____	<b>Home Address</b> <small>(Please print)</small> <small>(This address is used for advocacy purposes only – to determine your legislative districts. This address WILL NOT be released, posted, or sold in any way.)</small> _____ <b>STREET</b> _____ <b>CITY/STATE</b> _____ <b>9-DIGIT ZIP</b> _____ <b>COUNTY</b> _____ <b>PHONE</b> _____
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E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

OPA does not release e-mail addresses, but they ARE included in the Membership Directory.

The OPA is authorized to communicate with me via: Fax:  Yes  No E-mail:  Yes  No

## MEMBER CATEGORIES

(Please choose ONE appropriate category)

### Benefactor Members

- President's Club\* - \$750.00  
 Sustaining Member\*\* - \$450.00

### Full Members

- Member - Licensed 5 years or more - \$300.00  
 Early Career  
 Licensed 5-7 years as of 9/1/10 - \$225.00  
 Licensed 0-5 years as of 9/1/10 - \$150.00

### Discounts are available for individuals who are:

- Not currently practicing or teaching in the state of Ohio
- Not working/not currently employed in the field of psychology
- Retired or partially retired
- Undergoing financial hardship or special circumstances

**Contact the OPA Central Office for information about possible discounted membership dues. Separate application required.**

### Affiliate/Student Members

(Affiliate members are ineligible to vote or hold office, and have limited participation on OPA listservs)

- Affiliate Member - non-licensed individuals who may advance the purpose of OPA (endorsement form required) - \$50.00  
 Student or Psychology Trainee (working toward a psychology degree/license) - \$25.00

## AFFILIATION

Are you a member of... (please check all that apply)

- APA?  Y  N  Would like information on APA  
APA Divisions?  Y  N  Would like general information on all APA Divisions

Please list current Division(s) of which you are a member: \_\_\_\_\_

- OPA Affiliate group(s)?  Akron APP (AAPP)  Central Ohio PA (COPA)  Cincinnati APP (CAPP)  
 Cleveland PA (CPA)  Dayton APA (DAPA)  Toledo AAPP (TAAPP)  
 Ohio School Psychologists Association (OSPA)  Ohio Women in Psychology (OWP)  
 **Would like information** [please **CIRCLE** group(s) above to receive more information]

- other group(s)?  Asian American Psychological Association (AAPA)  Association of Black Psychologists (ABPsi)  
 National Latino Psychological Assn.  Society of Indian Psychologists (SIP)  Other \_\_\_\_\_

\*President's Club members receive a \$75.00 OPA Continuing Education discount coupon, free half-day attendance at the annual OPA Convention, free membership to the OPA Online Referral Program, special notation in quarterly OPA publications/on the OPA website, and are invited to attend the President's Club dinner.

\*\*Sustaining Members receive a \$50.00 OPA Continuing Education discount coupon, free membership to the OPA Online Referral Program, and special notation in quarterly OPA publications and on the OPA website.



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## 7 PROFESSIONAL ETHICS DECLARATION & SIGNATURE

### 1. Have you ever been denied membership by

a. a Professional Organization?	Yes	No
b. a State Licensing/Credentialing Board	Yes	No

### 2. Have you ever had any action taken against you as the result of a review or investigation by

a. a Professional Organization?	Yes	No
b. a State Licensing/Credentialing Board	Yes	No

### 3. Are you presently under investigation by

a. a Professional Organization?	Yes	No
b. a State Licensing/Credentialing Board	Yes	No

### 4. For reasons concerning/in connection with an ethical or legal issue, have you ever voluntarily or involuntarily relinquished:

a. professional work responsibilities?	Yes	No
b. membership in a professional organization?	Yes	No

### 5. Have you ever been indicted for or convicted of a felony?

	Yes	No
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### 6. Have you ever:

a. been a party to an out-of-court settlement involving actual or claimed malpractice?	Yes	No
b. had a malpractice judgment entered against you in any court proceeding or arbitration hearing?	Yes	No

If you have answered "yes" to any of the above, please attach the following to your application: (a) a brief description of the matter, (b) its final result or current status and (c) any key documents regarding the charges, your defense and any ruling.

I have read and I agree to abide by the APA Ethical Principles of Psychologists and Code of Conduct\*\*, which has been adopted by the Ohio Psychological Association. I understand that this application is subject to review by the OPA Membership Committee and that should my application be denied by the Board of Directors, I have the right to make an appeal to said Committee. I understand that providing OPA with incomplete or inaccurate information may result in membership being denied or rescinded.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*The APA Ethical Principles of Psychologists and Code of Conduct can be found on either the APA website at [www.apa.org](http://www.apa.org) or the OPA website at [www.ohpsych.org](http://www.ohpsych.org) (click on "About OPA" and then "Join OPA").

## 8 PAYMENT METHOD

- Check enclosed (full amount only) - **Make checks payable to OPA**
- Charge my (please circle)  VISA  MASTERCARD
- \_\_\_\_\_ Charge entire amount now
- \_\_\_\_\_ Charge my account in 2 equal payments - **add \$5 service fee**
- \_\_\_\_\_ Charge my account in 4 equal payments - **add \$10 service fee**

### PRINT CLEARLY!

Account No.:  -  -  -

Expiration Date:  /  (If paying in installments, your card must not expire before 08/11)

Signature: \_\_\_\_\_

Membership Dues: \$ \_\_\_\_\_

Optional Services: \$ \_\_\_\_\_

Contributions: \$ \_\_\_\_\_

Service Fee: \$ \_\_\_\_\_

**TOTAL DUE:** \$ \_\_\_\_\_

The OPA Member Year runs from September 1 - August 31. **Dues and referral program fees** are pro-rated for individuals applying for membership between the following dates:

December 1 – February 28: take 25% off

March 1– May 31: take 50% off

June 1– August 31: take 75% off

You will receive a renewal invoice for the full balance of the following year's dues in the month of September after you join.

Your dues include a subscription to *The Ohio Psychologist*, *The Ohio Psychologist Review*, and *The Ohio Psychologist Update*. Married couples or life partners of psychologists who are full members of OPA may reduce their **combined** dues by \$25.

**Deductibility:** Dues payments, contributions or gifts to the Ohio Psychological Association are not tax deductible as charitable contributions for tax purposes. They may be deductible as ordinary and necessary business expenses subject to the restrictions imposed as a result of lobbying activities. OPA estimates that for the Association's fiscal year September 1, 2009 to August 31, 2010, 20% of dues were allocated to lobbying activities and are non-deductible; OPA estimates that for the Association's fiscal year September 1, 2010 to August 31, 2011, 20% of dues will be allocated to lobbying expenditures and are non-deductible.

**Mail or fax your completed form to:**

**Ohio Psychological Association • 395 East Broad Street, Suite 310 • Columbus, OH, 43215**  
**Phone: 800-783-1983 or 614-224-0034 • Fax: 614-224-2059 • Website: [www.ohpsych.org](http://www.ohpsych.org)**