

WPSP MEMBERSHIP APPLICATION

January 1, 2011 to December 31, 2011

Name _____

Mailing Address _____

E-Mail Address _____

Telephone: Home _____

Office _____

Cell _____

If you are a member of APA's Division 39, please designate your primary local affiliation:

WPSP _____ Other local chapter _____

Membership Status and Dues:

_____ Full member (\$35.00)

_____ Student (\$20.00) Name of Graduate program _____

Please mail your completed application form and dues check made out to WPSP to:

Sarah K. Brandel, Ph.D. WPSP Treasurer

4801 Wisconsin Ave. NW Suite 503

Washington, DC 20016