School Psychology Society Membership Application

**Applicant Information**

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| --- | --- | --- |
| First Name: | Last Name: | |
| Email: | Phone: | |
| Address: | | |
| City: | State: | Zip |

**Academic Information**

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| Current Student Status (Fr., So., Jr., Sr.): | |
| Current Major: | |
| Overall GPA: | Major GPA: |

**Briefly describe why you would like to join School Psychology Society:**

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**Signature**I am applying for or renewing membership in the School Psychology Society and I agree that the information provided is accurate and will abide by the SPS Constitution.

Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Membership dues are $10/semester. Please return this form and a check made payable to School Psychology Society to the Psychology Department Office or to any SPS executive officer.*