

National Alliance Of Professional Psychology Providers

P.O. Box 6263
Garden Grove, California 92846-6263

Membership Application

1. Name: _____ License #: _____
2. Home Address: _____ City: _____
3. State: _____ ZIP: _____ Home Telephone: _____ Degree: _____
4. Work Address: _____ State: _____ ZIP: _____
5. Work Telephone: _____ Email: _____
6. Main Practice Specialty: _____
7. Do you want to be listed in NAPPP's free public referral system: YES _____ NO _____
8. Are you a member of:
APA: YES _____ NO _____
Your State Psychological Association: YES _____ NO _____
Other (please list: _____
No other psych organization: _____
9. Credit card name: _____ Expiration date: _____
10. Credit card number: _____
11. Three digit security number (on back of card right side of card): _____

(Signature authorizes NAPPP to charge your credit card for \$240.00)

Is your license to practice current? YES _____ NO _____
Are you now under investigation for a license or ethical violation?
YES _____ NO _____

NAPPP dues are \$240 yearly. This entitles you to free continuing education classes and a number of other free services and resources.

Please mail the completed application with a check for \$240.00. If you prefer to pay by credit card you can go to NAPPP's website at www.nappp.org and select "Join NAPPP". There you can pay your dues on a secure website.

After we receive this application and payment of dues, you will receive, by email, your registration directions.

Signed: _____ Date: ____/____/____