



# Tennessee Association of School Psychologists 2016-2017 Membership

MEMBERSHIP IS FOR THE FISCAL YEAR— JULY 1 THROUGH JUNE 30.

\_\_\_\_\_  
First Name Initial Last Name

HIGHEST EARNED DEGREE:  Ph.D.  Ed.D.  Ed.S.  Master  Baccalaureate  Other \_\_\_\_\_

GRADUATE UNIVERSITY ATTENDED: \_\_\_\_\_

WORK/SCHOOL ADDRESS	HOME ADDRESS
Employer/University _____	Street _____
Street _____	City _____ State _____ Zip code _____
City _____ State _____ Zip code _____	County _____ Phone _____
<b>I currently practice in the following capacities:</b>	E-mail _____
<input type="checkbox"/> Contract <input type="checkbox"/> Private practice <input type="checkbox"/> Psych examiner	<b>REGION:</b> (See map on back of form)
<input type="checkbox"/> Public school <input type="checkbox"/> University <input type="checkbox"/> HRB psychologist <input type="checkbox"/> Retired	<input type="checkbox"/> East <input type="checkbox"/> Mid-Cumberland <input type="checkbox"/> Mid-West <input type="checkbox"/> Middle
<b>I am a NASP member:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Southeast <input type="checkbox"/> Upper-East <input type="checkbox"/> Upper-Cumberland <input type="checkbox"/> West
<b>I am a Nationally Certified School Psychologist (NCSP):</b>	<b>NOTE:</b> Your TASP Newsletter will be sent to the E-mail listed above. Providing your email address also allows you access to Members-Only information on the website.
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>I am a TEA Member:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	

Please contact me regarding participation in the following committees:  Awards  Continuing education  
 Conventions  Membership  Newsletter  Public relations  Policy & procedures  Trainers

**\*\*Student members must have Psychology Trainer verify here:**

Trainer Name \_\_\_\_\_ Institution \_\_\_\_\_

Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

*Note:* A student member is one who is actively engaged ½ time or more (minimum of 6 semester hours) in a program leading to an initial credential as a school psychologist or to an advanced degree in school psychology. The following student member status includes persons in a school psychology internship, but DOES NOT include students who are pursuing studies while employed full time in school psychological work. Student members are not eligible to serve as an officer of TASP.

<b>Membership Category:</b> <input type="checkbox"/> New Membership Application <input type="checkbox"/> Renewal Membership Application  <input type="radio"/> Regular \$50.00 <input type="radio"/> Student \$15.00** <input type="radio"/> Retired/ Associate \$25.00	<b>Method of Payment:</b> <input type="checkbox"/> Check - Make checks payable to "TASP (Dues)." <input type="checkbox"/> Paypal - if you use Paypal, submit a membership form  <b>Submit payment and membership to:</b> Danielle McNeely, Membership Chair 4635 Sherry Lane Hixson, TN 37343
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*My signature indicates that I agree to follow the ethical codes and practices of TASP.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_