

TAPA

Texas Association of Psychological Associates

P.O. Box 601374, Dallas, Texas 75360-1374
817/588-0476 voicemail • www.txapa.net

Membership

Date _____
Name _____ L.P.A. Certificate # _____
Address _____ County _____
City _____ State _____ ZIP _____ Email _____
Phone (H) (____) _____ (W) (____) _____ Fax (____) _____
State Senator* _____ State Representative* _____
*(Find this information at Who Represents Me? on Texas Legislature Online at www.capitol.state.tx.us/fyi/fyi.htm)
Highest degree _____ Job Title _____
Place(s) of employment _____

Primary interest(s) ___Counseling/Therapy ___Assessment ___Behavior Management
___School ___Research ___Other _____

How many years of experience do you have in the field of psychology? _____

Do you speak another language? _____ What language? _____

In what state did you receive your masters degree in psychology? _____

From what university? _____

Other Licenses or Certificates _____

Other memberships: APA___ APS___ TPA___ TPA School Div___ NASP___
TASP___ NAMP___ Other _____

Dues

___ \$ 100.00 Professional member or member of Friends of TAPA
___ 145.00 Advocate member or member of Friends of TAPA
___ 45.00 Retired or Student member (limited to full-time students) Signature of Advisor _____
___ 500.00 Contributor (includes membership in TAPA or Friends of TAPA)
___ 1000.00 Benefactor (includes membership in TAPA or Friends of TAPA)
___ Additional contribution to our **Legislative Victory Fund**
_____ **TOTAL** (Make checks payable to Texas Association of Psychological Associates)

___ **Tell me what I can do. Contact me if there are ways I can help the cause.**

Preferred contact (phone number or email) _____

Mail to TAPA, P.O. Box 601374, Dallas, TX 75360-1374