

# DELAWARE VALLEY ASSOCIATION OF BLACK PSYCHOLOGISTS

Post Office Box 20558  
Philadelphia, Pennsylvania 19138-0558  
215-790-9059

## MEMBERSHIP APPLICATION

Please type or print

1. NAME: \_\_\_\_\_

2. HOME ADDRESS: \_\_\_\_\_

3. HOME TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

4. BUSINESS ADDRESS: \_\_\_\_\_

5. BUSINESS TELEPHONE: ( \_\_\_\_\_ ) - \_\_\_\_\_ FAX ( \_\_\_\_\_ ) - \_\_\_\_\_

PLEASE CIRCLE PREFERRED MAILING ADDRESS:                      HOME                      BUSINESS

6. EDUCATIONAL BACKGROUND (Please list all colleges/universities attended, degrees earned, dates they were earned, and fields of study):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. CURRENT LICENSE(S)/CERTIFICATONS (Field(s) and State(s) where issued):

\_\_\_\_\_

\_\_\_\_\_

8. EMPLOYMENT/POSITION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. FIELDS OF SPECIALIZATION AND/OR RESEARCH: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. OTHER PROFESSIONAL ORGANIZATION(S) TO WHICH YOU ARE A CURRENT MEMBER:

\_\_\_\_\_

\_\_\_\_\_

11. DUES: A "fully paid member" pays **both** chapter and national dues. Please make check/money order payable to DVABPsi. Full payment must be enclosed with this application. Mail ALL dues and application(s) to the address above.

<input type="checkbox"/> Professional	\$40.00	<input type="checkbox"/> Associate	\$40.00
<input type="checkbox"/> Student	\$15.00	<input type="checkbox"/> Affiliate	\$40.00
<input type="checkbox"/> Elder	\$15.00	<input type="checkbox"/> Life	\$800.00

12. SPONSOR SIGNATURE: \_\_\_\_\_

13. APPLICANT'S SIGNATURE: \_\_\_\_\_

Check here (  ) if you do not wish the above information to be published in the membership directory.