



Michigan Association of Professional Psychologist  
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## MAPP MEMBERSHIP FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: MI. Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email (we do not sell your email): \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Please list your area(s) of specialization: \_\_\_\_\_

### License – Membership - Dues (please indicate below):

- |   |                  |          |       |
|---|------------------|----------|-------|
| <input type="checkbox"/> Currently attending graduate school not licensed | Student Member   | \$20.00  | _____ |
| Advisor's signature: _____  |                  |          |       |
| <input type="checkbox"/> Limited License Psychologist, LLP (Masters)      | Regular Member   | \$130.00 | _____ |
| <input type="checkbox"/> Temporary Limited License Psychologist, TLLP     | Associate Member | \$80.00  | _____ |
| <input type="checkbox"/> Limited License Psychologist, LLP (Doctoral)     | Regular Member   | \$130.00 | _____ |
| <input type="checkbox"/> Licensed Psychologist, LP (Doctoral)             | Associate Member | \$80.00  | _____ |
| Contribution to help in legislative efforts                               |                  |          | _____ |
|   | <b>Total</b>     |          | _____ |

- I want to be/continue to be a part of MAPP and to be kept up-to-date on the legislative changes and receive other important information.
- I understand that my membership in MAPP automatically places me on MAPP's Referral List providing I provided a copy of my current license and malpractice cover sheet with this application.
- I agree to be bound by the Bylaws of The Michigan Association of Professional Psychologists (MAPP) and the licensing code of the State of Michigan.
- I represent and warrant that I have not had my State of Michigan License revoked or suspended, and that I have not been convicted of a felony or a violation of the Ethical Principles as stipulated in the Association Bylaws.
- I understand that membership in the Association is voluntary and I hereby agree to make no claim against MAPP, its officers, its members, or its agents for the failure of the Association to grant a membership to me or for any action in connection with this application.
- I hereby authorize MAPP, its officers, its members, or its agents to review my character, my professional standing, the status of my state license, and current professional malpractice liability insurance policy.
- I agree to terminate my MAPP membership in the event that any of the forgoing requirements for membership are broken.

### Payment:

- Total Amount Enclosed: \_\_\_\_\_
  - Check (make checks payable to MAPP)
  - Credit Card (please circle): Master Card / Visa # \_\_\_\_\_
- Exp. Date: \_\_\_\_\_ Cardholder (please print): \_\_\_\_\_

Signature (Required): \_\_\_\_\_

*Thank you for your continued involvement in MAPP.*