

Michigan Association of Professional Psychologists, 28345 Beck Road, #406,
Wixom, MI 48334; 248-869-0065; fax 248-869-0066; email: info@emapp.org
Website: emapp.org

MAPP MEMBERSHIP FORM

I want to be 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.

******Please send a copy of your current malpractice insurance policy & copy of your license. ***
Please list your area(s) specialization _____***

We MUST have your email address to provide you the referral services and last-minute legislative notices. We DO NOT sell or publish your email. If you prefer hard copy notices, check here _____

Name: _____

Address: _____ Suite/Apt.No: _____

City: _____ State: MI. Zip: _____ County _____

Email: _____ Website: _____

Work Phone (_____) _____ ext _____ Home (_____) _____

Cell phone: (_____) _____ Fax: (_____) _____

Type of License (please check below)

Limited License Psychologist, LLP (Masters) Temporary, TLLP

Limited License Psychologist, LLP (Doctoral) Licensed Psychologist, LP (Doctoral)

Membership Categories & Dues Information- Dues are from mo/year to mo/year

(Please Check Appropriate Category)

- 1. Regular Member { } \$130.00** For persons holding a masters or doctoral degree & LLP or LP
- 2. Associate Member { } \$80.00** For those who *currently* have "temporary" designated on their State of MI license. This level is available for two years, then move to regular membership.
- 3. Student & Senior membership { } \$20.00** For those persons who are currently in graduate school and do not have a TLLP, LLP or LP license. Please have your student advisor sign below. (Seniors: Send proof of age.) _____

Advisor's Signature _____

Position _____

Additional contribution to help the legislative efforts \$ _____

ENCLOSED are my MEMBERSHIP DUES \$ _____

(Please make checks payable to MAPP)

Total enclosed or on Credit Card \$ _____

Thank you for your continued involvement in MAPP.

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 policies. I agree to termination of my MAPP membership in the event that any of the forgoing requirements for membership are broken

For Credit Cards: [] Master Card or [] Visa Card Number: _____

Exp. Date _____ Cardholder Name (print) _____

Signature Required _____