

**Greater Kansas City Psychological Association
2016 Membership Application**

Renewal New Member If renewal, change in info? Yes No

Name: _____ Date: _____

Highest Degree Earned: Area of Study: _____

Mailing Address: _____

City/State: _____ Zip: _____ Email: _____

Current Position: Place of Employment: _____

GKCPA Qualification Levels: (Please give information for highest qualification level):

1. **FULL MEMBER** (Requires qualification in one of the following):

A. Member of: APA MoPA KPA

B. ABPP Diplomat? Certificate # _____ C. National Register Listing Number: _____

D. Licensed Psych MO: License # _____ E. Licensed Psych KS: License # _____

2. **ASSOCIATE MEMBER** (Associate Member status is one of the following):

APA MoPA KPA

3. **AFFILIATE MEMBER** (Affiliated with, or employed in, a psychology related field and a member in good standing of a related professional organization, not meeting other category requirements):

Degree: _____ Field: _____ Organization: _____

License #: _____

4. **STUDENT MEMBER**: (Grad student in psych or related field. Student advisor attestation of enrollment is required):

Institution: _____ Department: _____

I hereby certify that this applicant is currently enrolled at this institution: _____

Signature of Advisor: _____ Degree Program: _____

5. **PROVISIONAL MEMBER**: (Applied for membership in APA, MoPA, KPA or to the State Board to sit for state exam)

Date of Application: _____ Qualification Applied for: _____

6. Do you currently have an ethical charge pending against you? YES NO

If yes, explain:

Please make check payable to GKCPA for the following amount:

- \$75 for professional members
- \$30 for students
- \$175 for institutions

If paying by credit card, please provide the following information:

Card number: _____ Expiration date: _____

CVV: _____ Zip Code: _____

Mail form to:

Carolyn Karr, Ph.D.

750 E. 124th Street, Kansas City, MO 64146

Email: karrca@hotmail.com

OFFICE USE ONLY:

Date Admitted: _____ Membership Level: _____

Check No.: _____ Amount: _____ or Credit card: _____ Amount charged: _____