

**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:

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**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. 124<sup>th</sup> Street, Kansas City, MO 64146

Email: karrca@hotmail.com

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**OFFICE USE ONLY:**

Date Admitted: \_\_\_\_\_ Membership Level: \_\_\_\_\_

Check No.: \_\_\_\_\_ Amount: \_\_\_\_\_ or    Credit card: \_\_\_\_\_ Amount charged: \_\_\_\_\_