



# Philadelphia Society of Clinical Psychologists

## Associate Member Application

1. Name: \_\_\_\_\_

2. Home Address and Telephone: \_\_\_\_\_

3. E-mail Address: \_\_\_\_\_

4. Profession or Field of Employment: \_\_\_\_\_

5. Primary Place of Employment: \_\_\_\_\_

6. Work Address and Telephone: \_\_\_\_\_

7. Title of Position: \_\_\_\_\_

8. Please briefly explain the nature of your involvement with the field of Psychology:  
(For example, do you teach a Psychology class? Are you a psychotherapist? Do you practice  
mental health law?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Highest (or most Relevant) Degree Earned: \_\_\_\_\_

Subject Area: \_\_\_\_\_

Degree Granting Institution: \_\_\_\_\_

10. Do you hold a professional license or certification?     Yes     No

If yes, what type of License/Certification? \_\_\_\_\_

Year of Licensure/Certification: \_\_\_\_\_      State of Licensure: \_\_\_\_\_

I certify that the information given by me in support of this application is true and correct.

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

*Please mail application enclosed with a check for \$90 payable to "PSCP" to:*

**Philadelphia Society of Clinical Psychologists**

**601 Summit Avenue, 2<sup>nd</sup> Floor**

**Jenkintown, PA 19046**

If you have any questions, please contact Susan Stuber, Ph.D., Membership Chair, at 215-885-2562.