



Philadelphia Society of Clinical Psychologists

Student Member Application

Name: _____ Telephone: _____

Home address: _____

E-mail address: _____

Institution or university where currently enrolled: _____

Type of degree(s) being pursued: _____ Subject area(s): _____

Date of entry into program (mo/yr): _____ Anticipated date of graduation (mo/yr): _____

Highest degree earned to date: _____ Subject area: _____

Name of your advisor or training director: _____

Please check the types of student programming you are interested in (to inform our development of student services):

- Mentoring Conferences to showcase student work Listserv
 Public service projects Networking Leadership opportunities
 Other: _____

Note: Not all programs listed are currently available; call the PSCP office at 215-885-2562 to inquire about current student services.

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

Student's signature: _____ Date: _____

I certify that (print name) _____ is enrolled at our institution.

Faculty member's printed name _____
Faculty member's signature _____ Date: _____

Please mail application to:
Philadelphia Society of Clinical Psychologists
601 Summit Ave.
Jenkintown, PA 19046

If you have any questions, please contact Christine Waanders, Membership Chair, at 610-348-8344.