



# New York Association of School Psychologists Membership Application / Colleague Referral

First Name  Last Name

Address  County

City  State  Zip Code

Home Phone  Office  Cell  Email

Certified / licensed as a school psychologist  Yes  No

Nationally certified as a school psychologist (NCSP)  Yes  No

Are you currently employed as a school psychologist  Yes  No

Certificate / license type ( permanent, provisional, etc)

Which of the following describes your primary function(s)  
Please check all that apply

School Psych  Student  Supervisor  
 Trainer  Private

Please check all professional affiliations  NASP  NYSUT  AFT Other

Please check the type of membership you are applying for below. Student membership requires validation of student status.  
Common Address membership is for two members living at the same address.

Regular \$110  Student \$55  Retired \$55  Common Address \$165

Program / advisor's contact information (required for students)

Program / advisor's signature (if being mailed by student) \_\_\_\_\_

If referred by NYASP member, please provide member's name

Application submission indicates agreement to abide by the ethics and standards of the New York Association of School Psychologists. Ethics and professional standards manuals and other documents related to professional conduct are available online at [www.nyasp.org](http://www.nyasp.org) The membership year is from August 1 to July 31.

To submit this application by mail, please print the completed form and mail to: NYASP, PO Box 178, Hornell, NY 14843  
Please make checks payable to "NYASP" or pay online through our secure store at [www.nyasp.org](http://www.nyasp.org)

Applicant's signature and date: \_\_\_\_\_