

**Baltimore Psychological Association**  
2017 Membership Application

New Member     Renewal

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (O): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Degree: \_\_\_\_\_ University: \_\_\_\_\_ Date: \_\_\_\_\_  
Licensed Psychologist? \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_  
Licensed Clinical Prof. Counselor? \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_  
Certified Professional Counselor? \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_  
Licensed Clinical Social Worker? \_\_\_\_\_ State: \_\_\_\_\_ License #: \_\_\_\_\_

Check here to help BPA keep dues low by authorizing us to send newsletters, etc. to you by email at the above email address: \_\_\_\_\_

Check here to signify your consent for BPA to publish your name and contact information in the (members only) Membership Directory: \_\_\_\_\_

**Type of Practice or Position:** (Check all that apply)

<input type="checkbox"/> Individual Psychotherapy	<input type="checkbox"/> Children	<input type="checkbox"/> Teaching
<input type="checkbox"/> Group Therapy	<input type="checkbox"/> Adults	<input type="checkbox"/> Research
<input type="checkbox"/> Couples	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Administration
<input type="checkbox"/> Family Therapy	<input type="checkbox"/> Diagnostics	<input type="checkbox"/> Other

Specialty Area: \_\_\_\_\_

**Future Presentations:** Presenters are eligible for up to nine (9) continuing education units (CEUs) plus an honorarium for presenting to BPA. Are there topics you are experienced with and willing to present in the coming year? \_\_\_\_\_

**All information is true and correct to the best of my knowledge:**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Membership Category:** (Check the one that applies)

<input type="checkbox"/> Full members	Licensed psychologists	\$100.00
<input type="checkbox"/> Associates	Ph.D., Psy.D. non-licensed	\$100.00
<input type="checkbox"/> Affiliates	LCPC, CPC, LCSW	\$100.00

Dues must accompany application.

**Make check payable to "BPA" and mail to:**

**Dr. Lois Meszaros**  
**142 Arundel Beach Road**  
**Severna Park, MD 21146**

- BPA requires reimbursement of all charges if check is not honored by applicant's bank.
- Meetings held at CCBC Owings Mills (room 509A) 10300 Grand Central Ave Owings Mills, MD
- Questions? Contact Dr. Barbara Baum, baum@jhu.edu