

Baltimore Psychological Association
2018 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