



Division of Psychotherapy

MEMBERSHIP APPLICATION

LAST NAME		

FIRST NAME		

DEGREE		

ADDRESS		

CITY	STATE	ZIP CODE
_____	_____	_____
PHONE		

APA MEMBERSHIP NUMBER		

APA STATUS: <input type="checkbox"/> FELLOW <input type="checkbox"/> MEMBER <input type="checkbox"/> ASSOCIATE		

MASTERCARD/VISA # _____		

EXPIRATION DATE _____		

SIGNATURE _____		

Please return the completed application, along with a check for
\$40.00 for members/associates/fellows
\$29.00 for students

payable to : APA - Division 29
to:

Membership
Division of Psychotherapy
Central Office
6557 E. Riverdale
Mesa, AZ 85215
Phone: (602) 363-9211
Fax: (480) 854-8966