



RISPA 2009-10 MEMBERSHIP & RENEWAL FORM

www.rispa.org

Membership dues should be paid by June 30, 2009 for the fiscal year July 09- June 10. Please complete this form and mail payment to:

**RISPA
PO Box 7083
Warwick, RI 02887**

Check one:

- I was a member during 2008-2009. I am already on the RISPA mailing list.
 I am joining as a new member. Please add my name to the RISPA mailing list.

Membership category:

- Regular (\$40)
 Retired (\$15)
 Associate (related field) (\$20)
 Family-two or more members at same address (\$50)
 Student (\$20) Faculty Signature required: _____

NAME _____
(last) (first) (middle)

Home address _____

(city) (state) (zip)

Present Employer _____

Phone (h) _____ (w) _____

Email _____ ** E-mail address will be used for RISPA
Membership Listserv announcements

Do you have your NCSP? Yes ___ No ___

Highest Degree Held _____ Licensed? Yes ___ No ___ State Licensed in: _____

Private practice information (if applicable) _____

Bilingual? Yes ___ No ___ Second language proficiency: _____

Professional Affiliations: NASP ___ APA ___ RIPA ___ Other _____

Occasionally, other organizations request RISPA's mailing database in order to announce professional development opportunities or seek participants for school psychology research.

May RISPA share your mailing address for these purposes?

Please check **Yes** ___ **No** ___