



RISPA 2008-09 MEMBERSHIP & RENEWAL FORM

Membership dues should be paid by June 30, 2008 for the fiscal year July 08- June 09. Please complete this form and mail payment to:

RISPA
PO Box 7083
Warwick, RI 02887

Check one:

- I was a member during 2007-2008. 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: _____

Optional donation:

- \$ _____ to NASP Children's Fund
\$ _____ to ISPA

NAME _____
(last) (first) (middle)

Home address _____

(city) (state) (zip)

Present Employer _____

Business Address _____

Phone (h) _____ (w) _____

Email _____

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

Private practice information (if applicable) _____

Bilingual? Yes ___ No ___ Second language proficiency: _____

Professional Affiliations: RISPA ___ NASP ___ APA ___ RIPA ___ Other _____