



ROCKLAND COUNTY PSYCHOLOGICAL SOCIETY, INC.



APPLICATION FOR MEMBERSHIP

Name In Full _____ Married () Single ()

() Home Address _____
_____ Tel: _____

() Work Address _____
_____ Tel. _____

****Please check address to which RCPS mail should be sent.**

ACADEMIC TRAINING

INSTITUTION DEGREE OR DIPLOMA MAJOR SUBJECT

PROFESSIONAL CREDENTIALS (e.g. certificate, license, diploma, etc.)

****Note: Please include license number**

PROFESSIONAL EXPERIENCE

CURRENT EMPLOYMENT (please describe duties) _____

PLEASE INCLUDE A CURRENT COPY OF YOUR RESUME

PROFESSIONAL MEMBERSHIPS (List all professional societies & associations)

DECLARATION: I hereby give Rockland County Psychological Society, Inc. permission to verify any information related to my application for membership in the organization.

Date

Signature