

Ψ ROCKLAND COUNTY PSYCHOLOGICAL SOCIETY Ψ

2019 Dues Statement

Professional Membership	\$50.00
Retired Professional Membership	\$25.00
Student Membership	\$10.00
Add-on Membership* (to State or Regional Organization)	\$10.00

*Non-Rockland residents with proof of membership in NYSPA affiliated organizations

Please return the bottom of this Statement, along with your completed Membership Directory Information Form, and a check for the amount appropriate for you.

Checks should be made out to:

Rockland County Psychological Society (RCPS) and mailed to:

Stephen Levy, PhD
101 Gedney Street, Apt. 2K
Nyack, NY 10960

You may also pay your Dues on the **Membership** page of our website: www.RocklandPsychSociety.org.

Thank you,

Rita Perlin, Ph.D. and Marsha Safran, Ph.D., Co-Presidents 2018-19

Name: _____

Date: _____

<u>Dues Amount:</u> (check one)	<u>Method of Payment:</u> (circle one)
<input type="checkbox"/> Professional Membership	\$50.00 Check Enclosed / Online
<input type="checkbox"/> Retired Professional Membership	\$25.00 Check Enclosed / Online
<input type="checkbox"/> Student Membership	\$10.00 Check Enclosed / Online
<input type="checkbox"/> Add-On Membership: _____	\$10.00 Check Enclosed / Online
Name of Outside Organization	

Please note: If you have not been receiving email from RCPS, please send us an email at rocklandcountypsych@gmail.com. Type "RCPS Member" on the subject line and type your name in the text box.

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Membership Directory Information Form

Please **TYPE** or **PRINT** all information as you would like your listing to read.

Name _____ Highest Degree _____

Please indicate with a [√] address to which RCPS mail should be sent.

Please indicate with an [X] address(es) to be listed in Membership Directory, including apartment or suite number.

Please indicate with an [+] if address has changed in the past 12 months or is new to RCPS.

[] Home Address _____ Home Telephone _____
 [] Office Address _____ Office Telephone _____
 Fax #: _____ Website: _____ E-mail: _____
 [] Office Address _____ Office Telephone _____

Psychologist License # _____ State _____
 School Psychologist Certification # _____ State _____
 Diplomate, ABPP: Clinical ___ Counseling ___ Group ___ School ___ Hypnosis ___ Neuropsychology ___

SCHOOL PSYCHOLOGISTS: Please list your School: _____
 District/Address _____ Tel #: _____

Major Field (Please note: This section is intended for psychologists & students **in academic & teaching settings**. Limit 3 fields)

Clinical Neuropsych _____	Experimental Psych _____	Psychology of Women _____
Clinical Psychology _____	Forensic Psych _____	Psychopharmacology _____
Community Psych _____	Industrial/Organizational _____	Rehabilitation Psych _____
Counseling Psych _____	Medical Psych _____	School Psych _____
Developmental Psych _____	Personality Psych _____	Social Psych _____
Educational Psych _____	Physiological Psych _____	Other (specify) _____
Environmental Psych _____	Professional Psych _____	

Professional Setting (check as many as apply):

Independent Practice _____	Correctional Facility _____	University/College _____
Industry _____	Hospital _____	Social Agency _____
Developmental Ctr _____	Clinic _____	Medical _____
Psychiatric Center _____	School _____	Other (specify) _____

If in Independent Practice, please check all that apply below. **You must give license # above.**

Psychotherapy	Psychological Testing	Educational Testing	Vocational Testing
Children _____	Children _____	Children _____	Children _____
Adolescents _____	Adolescents _____	Adolescents _____	Adolescents _____
Adults _____	Adults _____	Adults _____	Adults _____
Family _____			
Couple _____			
Group _____			

State specialty practice (e.g., behavior therapy, biofeedback, psychoanalysis, etc.) **only if you are in independent practice.**
 (Maximum three specialties)

Do you accept Medicaid? _____ Other Insurance Accepted: _____

Language Fluencies: _____

Are you a member of APA: _____ NYSPA _____ NYASP _____ Others _____

Presentations Interested in Offering: _____

Return this form to: Stephen Levy, 101 Gedney Street, Apt. 2K, Nyack, NY 10960