

Iowa School Psychologists Association
Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: H) _____ W) _____

E-mail: _____

Highest Degree Held: _____ University: _____

Membership Status: (Membership Year: January 1 – December 31)

New Member Renewal

NASP membership:

Currently a member? Yes No Want information? Yes
 No

Employment Status:

AEA School Psychologist – AEA # _____

School Psychologist Administrator

Full-time Administrator

Student* (Requires Advisor's Signature _____)

University Trainer

Retired Member

Private Practice

Other (Please Specify) _____

Dues: Make check or money order payable to **ISPA**

Student \$11 Full Membership \$45 3-year Full Membership \$125

Retired \$11 annual *or* \$75 lifetime

Mail application & dues to:

Helen Copley
941 37th St.
Des Moines, IA 50312

Email: Helen.copley@dmeps.k12.ia.us