



**2012 Membership Application**

**SELECT ONE MEMBERSHIP CATEGORY**

- Full Member (Doctorate in Psychology) \$100.00
- Associate Member (Masters Degree in Psychology or related field) \$75.00
- Affiliate Member \$75.00
- Student Member (Fulltime Psychology Graduate Student) \$50.00

*Membership valid from January 1<sup>st</sup> to December 31<sup>st</sup>*

**GENERAL INFORMATION**

(please print)

New Membership  Renewal Membership

Name: \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home / Cellular: \_\_\_\_\_

E-Mail \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_ Year Awarded \_\_\_\_\_

Name of School: \_\_\_\_\_

Regionally Accredited graduate or Professional School \_\_\_\_\_ YES \_\_\_\_\_ NO

Type of License & Number \_\_\_\_\_ Expiration \_\_\_\_\_

Permission to publish name and address in Online Member Directory: \_\_\_\_\_ YES \_\_\_\_\_ NO

Permission to subscribe to IPAA listserv: \_\_\_\_\_ YES \_\_\_\_\_ NO

**PROFESSIONAL ETHICS DECLARATION**

I hereby release and further agree to indemnify and hold harmless, the IPAA, its officers, board, committee members, individual members, and other affiliates (including but not limited to participants, employees, agents, volunteers, partners, sponsors, advertisers, subcontractor, and owners/lessors /lessees of premises on which the IPAA activities take place) from any and all losses, damages, injuries, and liability loss costs or obligations arising out of, or directly or indirectly relating to IPAA Activities/ Meetings/Programs/and other Events. Therefore, I undersigned, have read, understand, and hereby wholly agree to this Release of Liability and Indemnity and Hold Harmless Agreement.

I have also read and agree to abide by the Code of Ethics as indicated by the Code of Ethics of the California Psychological Association (Identical to Code of Ethics of the American Psychological Association).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make check payable to IPAA and send this form with your payment to:

Iranian Psychological Association of America (IPAA)  
8221 East 3<sup>rd</sup> Street, Suite 301, Downey, CA 90241