

2010 HPA MEMBERSHIP RENEWAL INVOICE

Name: _____
 Mailing Address: _____

Hawaii Psychological Association
 841 Bishop St. #2100
 Honolulu HI 96813
 (808) 521-8995; Fax (808) 521-8994

City _____ State _____ Zip _____

Home Address: _____

Legislators: Senate _____
 House _____

Telephone: Business _____

FAX _____

Cell _____

Date Due: ASAP

E-mail _____

CATEGORY	TOTAL DUE
Full Member	
Member + Advocacy & Legislative Surcharge (licensed psychologists who earn more \$ 2,000 in clinical services per year)	\$ 325.00
Member	\$ 175.00
Doctorate & Early Career	
1 & 2 year	\$ 75.00
3 rd year Dues \$125 + \$75 Advocacy & Legislative surcharge	\$200.00
4 th year Dues \$175 + \$150 + Advocacy & Legislative surcharge	\$325.00
Academic	\$ 70.00
Active Duty Military	\$ 70.00
Full-time Student	\$ 25.00
Associate	\$ 55.00
Affiliate	\$ 40.00
Out-of-State	\$ 40.00
Life, Fellow	\$.00
Hardship	By Agreement

Donation _____

Total Payment _____
 Help save HPA expenses – payment by check is less costly in bank fees.

METHOD OF PAYMENT:

- _____ Check for full payment enclosed, payable to Hawaii Psychological Association
- _____ Payment via PayPal. Go to HPA's web site: www.hawaiipsychology.org
- _____ Check for partial payment enclosed. Balance to be paid by _____, 2010.

_____ VISA, MC # _____ Exp Date _____

_____ Charge my entire account now

_____ Charge my dues to VISA/MC in two equal payments (now and _____, 2010)

_____ Charge my dues to VISA/MC in _____ equal payments (write in months) _____

Signature _____

Dues payments are deductible by members as ordinary and necessary business expenses. However, contributions or gifts to the Hawaii Psychological Association are not deductible as charitable contributions for federal income tax purposes.

SEND TO: HPA, 841 Bishop St. #2100, Honolulu HI 96813