



Application for Membership

1188 Bishop Street, Suite 912
Honolulu HI 96813

Phone: (808)521-8995
Fax: (808)521-8994
www.hawaiipsych.org

Please complete the application and return it to:
Hawaii Psychological Association.

First Name _____ MI _____ Last Name _____

Mailing Address _____
Street City State Zip

Current Employment _____

Telephone: Business () _____ FAX () _____ Home () _____

E-mail _____ Duration of residency in Hawaii _____

Hawaii legislative district: State Senate _____ State House _____ Congress _____

Are you a member of APA? ___ **Yes** ___ **No** Membership category _____ Year joined _____

Education

Name of Institution	Major Field	Degree	Year Earned
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the institution from which you received your highest degree accredited by a regional accrediting body? ___ **Yes** ___ **No**
If yes, name accrediting body: _____

If no, was the institution regionally accredited within 5 years of when your highest degree was granted? ___ **Yes** ___ **No**

Title of Masters Thesis, if applicable _____

Title of Doctoral Dissertation, if applicable _____

Are you currently a full-time student or post doctoral trainee? ___ **Yes** ___ **No**

If yes, where are you currently enrolled? _____

Name and address of department chair or supervisor _____

Professional Experience

Institution/Agency

Position

Dates

Membership on Community or National Boards or Committees

Professional Ethics Declaration

States in which you are licensed or certified as a psychologist, including license/certificate number(s) and year licensed

Have you ever been convicted of a felony? Yes No If yes, give details on a separate sheet

Do you have a legal, ethics violation charge, or investigation pending anywhere, or have you ever been charged with a legal or ethical violation which resulted in an adverse decision or action, including censure, probation, suspension or revocation of your license? Yes No If Yes, give details on a separate sheet

I certify that the above information is accurate and complete to the best of my knowledge. Missing or false information may lead to denial or revocation of membership. If my application is accepted, I agree to abide by the rules, policies, and by-laws of the Hawaii Psychological Association and the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.

Signed _____

Date _____

HPA Divisions: I wish to join the following HPA division (please choose one)

Academic/Educational Clinical Community & Public Service Student

HPA Committees: Please indicate which of the following HPA Committees are of special interest to you

<input type="checkbox"/> Legislative	<input type="checkbox"/> Public Information & Education. Public Relations
<input type="checkbox"/> Prescription Privileges	<input type="checkbox"/> Diversity
<input type="checkbox"/> Continuing Education (workshops & annual convention)	<input type="checkbox"/> Disaster Response
<input type="checkbox"/> Healthy Workplace Awards	<input type="checkbox"/> Children's Issues
<input type="checkbox"/> Publications (newsletter)	<input type="checkbox"/> Membership

Hawaii Psychological Association Membership Application

Membership Category applied for:

Note: Any mention of academic degree shall refer to a degree obtained from a school that is accredited or that has achieved such accreditation within five years of the year the doctoral degree was granted or one of equivalent standing outside of the United States

A person shall enter membership at the highest level for which the person is qualified.

	Annual Fee	+	Advocacy Legis Surcharge
___ Member: You may qualify as a Member if you hold: (1) a Doctorate in psychology, or (2) a license as a psychologists in the state of Hawaii, or (3) a Diplomate of the American Board of Professional Psychology	\$175		\$150**
___ New doctorate or early career (graduated within the last 4 yrs with a doctorate in psychology)			
1 st & 2 nd year	\$ 75		
3 rd year	\$125	+	\$ 75**
4 th year	\$175	+	\$150**
___ Individuals whose primary affiliation is in an Academic setting or Hawaii active duty Military and who earn less than \$2,000 per year in clinical services	\$ 70		
___ Student: Persons who are enrolled full-time in a degree program in psychology.	\$ 25		
___ Associate: You may qualify as an Associate member by holding a Masters Degree in Psychology or equivalent as the highest degree.	\$ 55		
___ Out-of-State: Individuals who qualify as Full Members residing out of the state and wish to participate in HPA.	\$ 40		
___ Affiliate: Individuals interested in the purpose of HPA may qualify as Affiliates regardless their academic training or place of residence.	\$ 40		
___ Life: You may qualify as a Life member if you are retired (65 years or over), are disabled, or are retired and have previously been a Full Member of HPA or APA for a least 10 years, and are a resident of Hawaii.	\$ 00		

****Advocacy & Legislative Surcharge** Hawaii members are assessed a surcharge annually to allow HPA to continue legislative efforts. The surcharge does not apply to Out-of-State members, and licensed psychologists who earn \$2,000 or less in clinical services

Please enclose your first year's dues and surcharge, if applicable. The fiscal year for HPA is January 1 to December 31. The fee for mid-year applicants is prorated accordingly.

Date of application considered by HPA Board of Directors & Action _____

Send completed application to: HPA, 1188 Bishop St. #912, Honolulu HI 96813

Please enclose your Dues and Advocacy and Legislative Surcharge with your membership application.

Make check payable to: Hawaii Psychological Association Or charge to: Visa MasterCard AmExp

Card # _____ Exp Date _____

Name on Card _____ Signature _____

Dues payments to the Hawaii Psychological Association may be deductible on federal income tax returns as business expenses, but are not deductible as charitable contributions.