

GREATER PITTSBURGH PSYCHOLOGICAL ASSOCIATION PITTSBURGH, PENNSYLVANIA  
APPLICATION FOR MEMBERSHIP

**1. Contact Information**

\_\_\_\_\_  
Last Name First Name Middle Name or Initial

\_\_\_\_\_  
**Home** Address

\_\_\_\_\_  
City State Zip Telephone

\_\_\_\_\_  
**Business** or Professional Title at Institution or Organization

\_\_\_\_\_  
**Business** Address

\_\_\_\_\_  
City State Zip Telephone

E-mail Address: \_\_\_\_\_

Preferred address for mailing?  Home  Business

Preferred address in the Membership Directory?  Home  Business

**2. Academic Training**

\_\_\_\_\_  
Degree Date Institution Degree-granting Program Major Field

(Dept. of Psych., School of Education, etc.)

Master's Thesis Title: \_\_\_\_\_

Doctoral Dissertation Title: \_\_\_\_\_

**3. Major experiences in the scientific and professional discipline of psychology**

\_\_\_\_\_  
Dates Organization or Title Nature of Work  
From To Institution

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please include a copy of your Curriculum Vitae with your application.*

Are you a licensed psychologist? Yes  No  If yes, State \_\_\_\_\_ Lic. # \_\_\_\_\_

Have you ever been found in violation of an ethics charge by a local, state, or national professional psychological organization or a State Licensing Board? Yes  No  If yes, please explain on a separate page or pages.

4. Where did you hear about GPPA?

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**5. Memberships**

What class of membership you are applying for: \_\_\_\_ Member \_\_\_\_ Associate \_\_\_\_ Affiliate. If you are applying for Affiliate Membership, answer this section. Otherwise, go directly to Question 6.

A. What college or university are you presently attending? \_\_\_\_\_

B. Are you presently a Graduate student? \_\_\_\_ If so, where? \_\_\_\_\_

C. What are your fields of study? \_\_\_\_\_

Please attach a letter from your college or university indicating your present academic status.

**6. References**

Please give the names of two individuals who can vouch for you as references. They should be members of the Greater Pittsburgh Psychological Association, who are familiar with your past training and present professional activities. If you do not know any current GPPA members, please give the names of two doctoral-level Members of the APA, who can serve as references:

A. \_\_\_\_\_

Name	Title or Degree	Telephone
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Address \_\_\_\_\_

B. \_\_\_\_\_

Name	Title or Degree	Telephone
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Address \_\_\_\_\_

**7. Application process**

Annual dues are \$60 for Members, \$45 for Associates, and \$15 for Affiliates. If you are applying after June 30, submit only one-half of the annual dues. Please remit payment of dues with a check made out to GPPA. If the processing of your application cannot be completed for any reason, the check will be returned. If there is an explained financial hardship, a portion of the dues can be waived. In making application for membership, I, the undersigned, hereby give permission for the GPPA Membership Committee to verify the above information and to contact the above-named persons for further information regarding my credentials.

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

Please mail this application and dues check to: Joshua Gregson, PhD, GPPA Membership Chair 211 N. Whitfield St., Suite 645 Pittsburgh PA 15206-3039 If you have any questions about this form, please contact Joshua Gregson at phoenix345@gmailcom