

# Contra Costa Psychological Association

A member of the California Psychological Association

## New Membership Application

Name \_\_\_\_\_ License No. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Are you a current CPA member?  Yes  No Are you a current APA member?  Yes  No

Membership in the California Psychological Association (CPA) and the American Psychological Association (APA) is recommended, but not required, for membership in CCPA.

Highest Degree	Month/Year	Institution	City and State	Area of Concentration

License Type	State	Number	Date Licensed

List other licenses indicating type, state and date issued \_\_\_\_\_

**Return completed application plus dues to:**  
 Shendl Tuchman, Psy.D. 2 Crow Canyon Court, Suite 200, San Ramon, CA 94583

<b>Full Member:</b> California Licensed Psychologist or Doctoral Degree in Psychology/Educational Psychology or Diplomat of the American Board of Professional Psychology	\$120	<input type="checkbox"/>
<b>New member:</b> Joining between July 1 <sup>st</sup> and September 30 <sup>th</sup> (next year renewal period begins October 1st)	\$50	<input type="checkbox"/>
<b>Student Member of Psychological Assistant*:</b> Please attach a copy of your current school I.D. or Psychological Assistant Certificate	\$50	<input type="checkbox"/>
<b>Emeritus Member:</b> Must be retired full-time (additional conditions apply, please contact us)	\$00	<input type="checkbox"/>
<b>Voluntary CPA-PAC Contribution:</b> The CPA-PAC supports legislative activities to protect and promote the practice of psychology in California. This contribution is a non-deductible expense.	\$50	<input type="checkbox"/>
<b>TOTAL DUES REMITTED:</b>		\$

\* Students and Associate members are non-voting until licensed. Requests for hardship dues reduction will be reviewed on an individual basis by the Board. In such cases we request the applicant to volunteer time to committee activities and special projects.

**PLEASE READ THE FOLLOWING DECLARATION OF PROFESSIONAL ETHICS, AND THEN INDICATE YOUR CONFORMITY BY CHECKMARK AND SIGN AND DATE BELOW:**

I have never had action taken against me for unprofessional conduct by a licensing agency or professional organization. True  False

I have never been convicted in a court of law of a criminal charge. True  False

I am not currently being investigated by any of the above. True  False

The information that I have provided is true and verifiable. Yes  No

I adhere to the APA Code of Ethics. Yes  No

If you have answered false or no to any of the above, please attach a detailed letter of explanation.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_