

Membership Application

Please print out, fill out, and send check for \$17 to:

APA Division 17, Student Affiliate Group
APA Division Services Office
750 First Street NE
Washington, D.C., 20002-4242

Name: _____ Date: _____

Mailing Address: _____

City: _____, State/Province: _____

Postal/Zip: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____ Fax: _____

Highest Degree: _____ Date Earned: _____

Current Institution: _____

Gender: _____ Ethnic Self-Identification: _____

Are you a member of APAGS? _____ APA Student Affiliate I.D.: _____

What other Divisions are you a student affiliate of: _____

What are the two most important issues that you would like to see SAS address:

Certification: *Must be completed by program chair, faculty advisor, etc.*

I certify that the above named person is a student in the program indicated

Signature: _____ Date: _____