

THE NEW JERSEY ASSOCIATION OF SCHOOL PSYCHOLOGISTS

3817 Crosswicks-Hamilton Square Rd
Unit G Box 183
Hamilton, NJ 08691

www.njasp.org

New/Renewal Membership Form

NJASP Membership is individual and non-transferable. The Membership year is from July 1st to June 30th

New/Renewal Membership
Please check your membership category.

The Following Classes Must be Initially Requested:

- q New q Renewing Member \$75
q New q Renewing Affiliate Member \$55
q New q Renewing Student Affiliate Member** \$25
q Requested q Renewing Five Year Step-Down to Retired Member \$65
q Requested q Renewing Retired Member \$45
q Requested Early Career Member, First Year - \$40
q Requested Early Career Member, Second Year - \$40

**If you are renewing as a Student Affiliate please initial here _____ as acknowledgment that you are still enrolled in a school psychology training program leading to certification. School psychologists currently certified are ineligible for this category.

METHOD OF PAYMENT

Please register your membership renewal through our website and pay by credit card with PAYPAY or Please send this renewal form together with your payment by checks or money orders made payable to "NJASP" to: NJASP, 3817 Crosswicks-Hamilton Rd Unit G, Box 183, Hamilton, NJ 08691

Note: Contributions or gifts to associations which are exempt under IRS 501(c) 6 are not tax deductible as charitable contributions. However, they may be deducted as ordinary and necessary business expenses. NJASP Federal Tax ID: 22-2359102

Your contact information

Full Name: _____

Highest Degree: _____ Date of Birth: _____

This is my Home Address preferred mailing address

Address _____

City, State, Zip _____ County: _____

Home Phone # _____ E-mail Address _____

This is my Work Address preferred mailing address

Job Title _____

Employer _____

Address _____

City, State, Zip _____ County: _____

Work Phone # _____ Additional E-mail Address _____

What Languages Do You Speak? _____ Would you be willing to complete evaluations in a 2nd language? Yes No

From time to time NJASP permits the use of its membership mailing list by selected organizations. Typically these mailings announce seminars or publications that NJASP believes will be useful to our members. Each such license is for a one-time use.

____ I give my consent for member access and NJASP information - information regarding NJASP activities - regional conference regional activities, book club, etc., and information pertinent to the field of school psychology. This may include information on conferences by outside agencies and universities as well as surveys
____ I DO NOT give my consent for my name, address to be made available for mailing label/email address requests.

Would you like to be placed on NJASP's email list to receive the latest school psychologist related information? _____ Yes _____ No

Current Position _____ Highest Degree _____

Date Obtained _____ From _____

Date of Certification as a school psychologist in New Jersey _____

Colleague Referral: If you have been referred to NJASP by a member, please check here and print the name of the member who referred you on this line

Student Affiliates should have your advisor complete and sign the following information: This student is matriculated in our school psychology program.

School _____ Degree Sought _____

Advisor _____ Signature _____ Date _____

The FCC has substantially amended its rules on unsolicited faxes, as well as several other rules under the Telephone Consumer Protection Act of 1991. The amended rules apply on or after January 1, 2005. In order to continue communicating with The New Jersey Association of School Psychologists by fax, email and/or U.S. mail, you will need to give us your consent to receive future faxes, email transmissions and/or U.S. mail to the address you have provided in this form. If you have any questions or concerns, please contact us at 609-587-9963 or email njasp.membership@gmail.com.

As a member of the New Jersey Association of School Psychology desirous of continuing to be kept abreast of the latest information, I consent to receive communications sent to me via fax or email by or on behalf of NJASP.

Your Signature: _____ Date: _____

NJASP depends on the volunteer efforts of its members. All members are encouraged to become involved in the organization through participation on its committees or sub-committees. Please place a check next to a committee that you are interested in joining and the committee chair will contact you.