



THE NEW JERSEY ASSOCIATION OF SCHOOL PSYCHOLOGISTS

www.njasp.org

P.O. Box 4069
Hamilton, NJ 08610
908/227-8275

NEW MEMBER APPLICATION

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

Name: _____ Date of Birth: _____

Home Address: _____

Home City, State, Zip: _____

Home County: _____ Home Phone: _____

Home Email: _____ Home Fax: _____

Employer: _____ Job Title: _____

Work Address: _____

Work City, State, Zip: _____

Work County: _____ Work Phone: _____

Work Email: _____ Work Fax: _____

*Please check preferred mailing address and email address.

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 my name, address to be made available for mailing label requests.

I DO NOT give my consent for my name, address to be made available for mailing label 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. _____

CLASS OF MEMBERSHIP FOR WHICH YOU ARE APPLYING * Dues as of June 2007 which are subject to change

Table with 4 columns: Member type, Fee, Member type, Fee. Rows include Member (\$90.00), Student Affiliate (\$35.00), Affiliate (\$55.00), and Retired Member (\$45.00).

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 908/227-8275 or email the membership chairperson listed on the Executive Board page of this website.

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.

Signature: _____ Date: _____



For Membership Committee Review Only: Date Application Reviewed: _____

Application Approved: _____

MEMBERSHIP QUALIFICATIONS:

MEMBER: Certification as a school psychologist by the New Jersey State Department of Education. In special circumstances exceptions to this certification requirement can be made by a two-thirds (10) vote of the Executive Board.

AFFILIATE: Interest in school psychology but not certified as a school psychologist. An affiliate may not vote or hold office.

STUDENT AFFILIATE: Enrollment in a school psychology training program leading to certification. School psychologists currently certified are ineligible for this category, unless specifically exempted by a two-thirds vote of the Executive Board. A student affiliate may not vote or hold office.

RETIRED MEMBER: Anyone currently holding regular membership in NJASP for a period of twenty (25) years and works less than twenty (20) hours per week as a school psychologist shall be considered a retired member. Retired members have all the rights and privileges of Full Members and pay a reduced annual dues fee as determined by the Executive Board. This class of membership must be requested.

LIFE MEMBER: Full Member who has belonged to NJASP for at least twenty-five (25) years and has reached the age of sixty-five (65). Such status must be requested and is unrelated to retirement. Life Members have all the rights and privileges of Full Members and are not required to pay dues. All Past-Presidents are granted Life Membership as of July 1, 1987. After July 1, 1987, all NJASP Presidents will be granted Life Membership at the time they assume the position of Past-President.

PLEASE NOTE

Membership applications are reviewed for approval at our monthly NJASP Board Meetings. Please check our website for the next scheduled board meeting date. If we have any questions about your application, a member of the Membership Committee will contact you. After your application has been approved, you will receive a welcome letter and your check will be deposited. Any questions, please contact NJASP at the number below.

This application is for new members only. If you are renewing an existing membership, please contact us at the number below for a renewal membership invoice. Thank you.

Please mail completed application with check or money order made payable to NJASP to:

NJASP

Thank you for supporting your state association