

**Greater Kansas City Psychological Association
2020 Membership Application**

New Member Renewal If renewal, change in info? Yes No

Name: _____ Date: _____

Highest Degree Earned: _____ Area of Study: _____

Mailing Address: _____

City/State: _____ Zip: _____ Email: _____

Cell Phone: _____ Office Phone: _____

Current Position / Place of Employment: _____

GKCPA Qualification Levels (please give information for highest qualification level):

1. FULL MEMBER (either A, B, C, or D):

A. Member of: APA MoPA KPA

B. ABPP Diplomat? Certificate # _____ C. National Register Listing Number: _____

D. Licensed Psych: MO License # _____ KS License # _____

2. ASSOCIATE MEMBER (either A, B or C):

A. PROFESSIONALS who are associated with or employed in a psychology-related field, a member in good standing of a related professional organization and work in association with the discipline of psychology.

Degree: _____ Field: _____ Organization: _____

License #: _____ State: _____

B. STUDENTS who are actively enrolled in a graduate program which is primarily oriented to psychology (student advisor attestation of enrollment is required):

Institution: _____ Department: _____ Degree Program: _____

Advisor (name and contact info): _____

C. RETIRED or DISABLED PERSONS who have been members in the past.

Please make check payable to GKCPA for the following amount:

\$75 for professional members (categories 1 and 2A) \$37.50 for ½ year (accepted July-September)

\$30 for students, retirees and disabled (categories 2B and C)

If paying by credit card, please provide the following information:

Card number: _____ Expiration date: _____

CVV: _____ Zip Code: _____

Mail form to:

Carolyn Karr, 108 W. 36 Street, #10, Kansas City, MO 64111 | Email: karrca@hotmail.com

Or apply online at gkcpa.org

FOR OFFICE USE

Date Admitted: _____ Membership Level: _____ Verified by: _____

Check No.: _____ or Credit Card: _____ Amount Paid: _____