

**Greater Kansas City Psychological Association  
2018 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.

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**Please make check payable to GKCPA for the following amount:**

\$75 for professional members (categories 1 and 2A)

\$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:**

Wendi Born, 12198 S. Prairie Creek Parkway, Olathe, KS 66061 | Email: wborn@kumc.edu

**Or apply online at [gkcpa.org](http://gkcpa.org)**

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**FOR OFFICE USE**

Date Admitted: \_\_\_\_\_ Membership Level: \_\_\_\_\_ Verified by: \_\_\_\_\_

Check No.: \_\_\_\_\_ or Credit Card: \_\_\_\_\_ Amount Paid: \_\_\_\_\_