**2020-1 Somerset Hunterdon Warren Psychological Association**

**Membership Form**

*Kindly take the time to answer the questions below and send the completed membership form with your payment, to our treasurer, whose name and address appear at the bottom of this form by the beginning of our membership year,* **January 1.**

**WOULD YOU PREFER TO BE CONTACTED USING YOUR HOME ADRESS or OFFICE ADDRESS?** (Circle One)

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Do/Do Not** (circle one) print homeaddress in public directory E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Do/Do Not** (circle one) print e-mail address in public directory Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Do/Do Not** (circle one) print home phone number in public directory Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Do/Do Not** (circle one) print cell phone number in public directory Private Practice? \_\_\_**YES \_\_\_NO** If No, current practice setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
NJPA Member? \_\_\_**YES \_\_\_NO** NJ License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If permit holder, permit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INTERESTS FOR THE GROUP:**

* Networking
* Mentorship/Supervision/Training
* Referrals
* Assisting on SHPA Committees or Special Projects
* Continuing Education
* Socializing
* O t h e r ( s p e c i f y ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POPULATION SERVED:** (Check all that apply)

\_\_Children \_\_Adolescents \_\_Adults \_\_Geriatrics \_\_\_Individuals \_\_Couples \_\_Families \_\_Group

\_\_Supervision \_\_Training \_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TREATMENT APPROACH:** (Check all that apply)

\_\_Cognitive/Behavioral \_\_Family Systems

\_\_Psychodynamic \_\_Humanistic/Existential

\_\_Psychoanalytic \_\_Eclectic/Integrative

\_\_Interpersonal \_\_Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AREAS OF PRACTICE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# POSTDOCTORAL TRAINING/CERTIFICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an area of expertise that you might be interested in presenting to our group? Can you recommend anyone who might have such an interest? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEES:**

 \_\_\_\_\_ Regular Membership (licensed psychologists who are NJPA members) $45.00

 \_\_\_\_\_ Associate Membership (licensed psychologists who are not NJPA members, $35.00
non-licensed psychologists, and permit holders)

 \_\_\_\_\_ Psychology graduate students and retired psychologists $20.00

Please return this form with a check payable to SHWPA to:
*Mark Aronson, Ed.D.* **P.O.Box 283 Pluckemin, NJ 07978-0283**