

**2022-3 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.

WOULD YOU PREFER TO BE CONTACTED USING YOUR HOME ADDRESS 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 home address 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 SHWPA Committees or Special Projects
- Continuing Education
- Socializing
- Other

(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)	\$40.00
_____ Associate Membership (licensed psychologists who are not NJPA members, non-licensed psychologists, and permit holders)	\$30.00
_____ Psychology graduate students and retired psychologists	\$15.00

Please return this form with a check payable to SHWPA to:

Tracy Menzie, Psy.D. P.O. Box 644 Lebanon, NJ 08833