



## Mississippi Psychological Association

P.O. Box 16544, Jackson MS 39236

Phone: 601-372-7755

[mpa@mpassoc.org](mailto:mpa@mpassoc.org)

[www.mpassoc.org](http://www.mpassoc.org)

### 2022 Application for Membership / Renewal of Membership

You can easily join/renew MPA membership online at [www.mpassoc.org](http://www.mpassoc.org) or complete the form below and email  
Please complete (print or type) *all appropriate sections* ☑ Send completed application and dues to MPA at the above address

Name: \_\_\_\_\_  
*First Name, Middle Initial, Last Name, Degree*

Email: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

Membership Type: \_\_\_ Clinical / Health Service Provider: Doctoral Degree in Psychology, providing Clinical Services  
\_\_\_ Academic: Academic/Research: Doctoral Degree in Psychology; primary employment at college or university;  
involved in teaching or research. Provides NO Health Services (other than supervision of students)  
\_\_\_ Dual: Health Service Provider & Academic  
\_\_\_ Associate: Non-licensed Psychologists, Associates of APA, or possess at least a BA or BS degree with a major in  
psychology granted by a recognized college or university, and are employed in primarily psychological work  
\_\_\_ Student: Undergraduate, or Graduate Student, Graduate Student on Internship, Post-Doctoral Training  
\_\_\_ Exempt Status: Current MPA member, minimum of 5 years continual membership, retired and 65 years old

Practice Specialty/Focus: \_\_\_ Geriatric \_\_\_ Children/Youth \_\_\_ Older Adolescent/ Young Adult \_\_\_ Trauma specific  
\_\_\_ Couples/Family \_\_\_ Forensics \_\_\_ Veterans \_\_\_ Other

Are you fluent in a second language? \_\_\_ If so, what language? \_\_\_\_\_

Are you certified by MS Board of Psychology to perform Civil Commitment assessments? YES NO

**Please provide both the home and work address and where you prefer to receive your MPA mailings\*\***

**This mailing address may appear in print and web versions of the directory.**

**Work Address:** (Mark circle if this is your preferred address for printed communications.)

\_\_\_\_\_  
\_\_\_\_\_  
City State Zip County

Work Phone: \_\_\_\_\_/\_\_\_\_\_  
Area Code Area Code  
Fax: \_\_\_\_\_/\_\_\_\_\_

**Home Address:** (Mark circle if this is your preferred address for printed communications.)

\_\_\_\_\_  
\_\_\_\_\_  
City State Zip County

Home Phone: \_\_\_\_\_/\_\_\_\_\_  
Area Code Area Code  
Cell: \_\_\_\_\_/\_\_\_\_\_

**If this is a new member application, please provide professional reference by MPA member:**

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

**EDUCATION:**

HIGHEST DEGREE IN PSYCHOLOGY \_\_\_\_\_ DATE CONFERRED \_\_\_\_\_  
INSTITUTION \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ SPECIALTY \_\_\_\_\_

**MISSISSIPPI BOARD OF EXAMINERS:**

MS Licensure # \_\_\_\_\_ Date of Initial Licensure in MS \_\_\_\_\_

Indicate Licensure Status below:

- Licensed psychologist
- Licensed/Certified in other states? State \_\_\_\_\_ License # \_\_\_\_\_
- Other: \_\_\_\_\_

**PROFESSIONAL ASSOCIATIONS:**

APA  Associate  Fellow  Grad Aff  Member  Student **ABPP**  Child  Clinical  Counseling  Forensic  
 Neuropsychology  Health  Other: \_\_\_\_\_ **APS**  Fellow  Member  Student **National Register**

**ETHICS ALLEGATIONS OR VIOLATIONS\***

1. Have you ever had any action taken against you by a professional organization or state licensing agency? \_\_\_Yes \_\_\_No
2. Are you currently under investigation by any professional organization or licensing agency, or do you have any complaints pending?  
\_\_\_Yes \_\_\_No
3. Have you ever been convicted of a felony? \_\_\_Yes \_\_\_No
4. Are you currently a defendant in any malpractice suit? \_\_\_Yes \_\_\_No
5. Have you ever been found liable for malpractice, either in court or in an out-of-court settlement? \_\_\_Yes \_\_\_No
6. Have you ever relinquished any professional responsibility, resigned from a position, or been fired because of an ethical or legal complaint which was brought against you? \_\_\_Yes \_\_\_No
7. Have you ever resigned from a professional organization or surrendered a license while an ethics or legal complaint was pending against you? \_\_\_Yes \_\_\_No

**ETHICS DECLARATION & SIGNATURE**

As a condition for membership in the Mississippi Psychological Association, I affirm that I am familiar with, and agree to be bound by, the Bylaws of the Mississippi Psychological Association (*available online at www.mpassoc.org*), as well as the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, the Standards for Providers of Psychological Services. I also certify that the information provided in this application is correct and complete to the best of my knowledge. I give my permission to the Mississippi Psychological Association to verify any information given in this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**2 Easy Ways to Join/Renew Membership at MPA!**

1. ONLINE – Fill out online application and pay via credit card at [www.mpassoc.org](http://www.mpassoc.org).
2. BY MAIL – Download application and mail with check payable to MPA P.O. Box 16544, Jackson, MS 39236

*The IRS requires that we inform you that your dues are not deductible from your personal income taxes as a charitable deduction. 10% of your dues are not deductible from your business return as an ordinary business expense, due to lobbying and advocacy expenses.*

**MEMBER DUES**

**Health Service Provider/ Clinical**

\_\_\_\_\$255 yearly  
**Early Career Discount**  
 \_\_\_\_\$175 year  
 (1 year post licensure. License Year: \_\_\_\_)  
 \_\_\_\_\$200 year  
 (2 year post licensure. License Year: \_\_\_\_)

**Dual Membership: Health Service Provider & Academic**

\_\_\_\_\$255 yearly  
**Early Career Discount**  
 \_\_\_\_\$175 year  
 (1 year post licensure. License Year: \_\_\_\_)  
 \_\_\_\_\$200 year  
 (2 year post licensure. License Year: \_\_\_\_)

**Academic**

\_\_\_\_ \$165 yearly

**Student: Please attach copy of student ID**

\_\_\_\_ \$30 yearly

**Associate Membership**

\_\_\_\_\$175 yearly

**Exempt Status**

\_\_\_\_\$40 yearly