



**KANSAS  
PSYCHOLOGICAL  
ASSOCIATION**

# MEMBERSHIP APPLICATION

*Please print or type. Incomplete applications will be returned.*

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth (*Optional—Office Use Only*): \_\_\_\_\_

Home Address: \_\_\_\_\_  
**required** *Street* *Apt#*

\_\_\_\_\_ phone: (\_\_\_\_\_) \_\_\_\_\_  
*City State Zip County*

Institution/Agency Address: \_\_\_\_\_  
*Name/Department* *Street* *Suite*

\_\_\_\_\_ phone: (\_\_\_\_\_) \_\_\_\_\_  
*City State Zip County*

fax: (\_\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

Preferred means of communication: \_\_\_ email \_\_\_ us mail Preferred mailing address: \_\_\_ home \_\_\_ office

Highest Degree: \_\_\_\_\_ Year: \_\_\_\_\_ Major: \_\_\_\_\_ University: \_\_\_\_\_

Licensure: \_\_\_\_\_ Additional State Licenses (Current): \_\_\_\_\_  
*State License Number* *State License Number*

\_\_\_\_\_ I am a member of the APA Membership Status: \_\_\_ Fellow \_\_\_ Full \_\_\_ Associate \_\_\_ Student

\_\_\_\_\_ I am a member of the APS Membership Status: \_\_\_ Fellow \_\_\_ Full \_\_\_ Associate \_\_\_ Student

\_\_\_\_\_ I am not a member of the APA/APS and am asking the following member of KPA to sponsor my application:

\_\_\_\_\_  
 Name of KPA sponsor

**STUDENTS ONLY:**

\_\_\_\_\_ *Current School* *Program* *Anticipated date and degree at completion*

\_\_\_\_\_ *Street* *City* *State* *Zip*

Students applying for membership must include a copy of the front and back of their current Student ID Card showing enrollment status.

**PROFESSIONAL ETHICS DECLARATION AND SIGNATURE**

My signature below indicates that I have never been found guilty of an ethical violation of law or ethical principles in psychology or any other profession and I agree to abide by the ethical principles set forth by the American Psychological Association, which has been adopted by the KPA. I subscribe to and support the rules and procedures of the KPA, including but not limited to those of the Ethics Committee and the Colleague Assistance Committee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TRAINING AND EXPERIENCE IN PSYCHOLOGY

The following information may be used to assist with requests for referrals and community service.

**THEORETICAL ORIENTATION:** Identify up to THREE that characterize your approach, with #1 being primary

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adlerian             | <input type="checkbox"/> Humanistic       | <input type="checkbox"/> Reality Therapy  |
| <input type="checkbox"/> Behavioral           | <input type="checkbox"/> Multimodal       | <input type="checkbox"/> RET              |
| <input type="checkbox"/> Cognitive-Behavioral | <input type="checkbox"/> Narrative        | <input type="checkbox"/> Self Psychology  |
| <input type="checkbox"/> Cognitive            | <input type="checkbox"/> Object Relations | <input type="checkbox"/> Solution Focused |
| <input type="checkbox"/> Existential          | <input type="checkbox"/> Person Centered  | <input type="checkbox"/> Social Learning  |
| <input type="checkbox"/> Feminist             | <input type="checkbox"/> Psychoanalytic   | <input type="checkbox"/> Systems          |
| <input type="checkbox"/> Gestalt              | <input type="checkbox"/> Psychodynamic    | <input type="checkbox"/> Transtheoretical |

**PRIMARY FIELD:** Identify up to FIVE treatment modalities, with #1 being primary

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Individual Therapy    | <input type="checkbox"/> Biofeedback          | <input type="checkbox"/> Medication Management      |
| <input type="checkbox"/> Couples Therapy       | <input type="checkbox"/> Cognitive Therapy    | <input type="checkbox"/> Neuropsychological Testing |
| <input type="checkbox"/> Family Therapy        | <input type="checkbox"/> CISD                 | <input type="checkbox"/> Psychological Testing      |
| <input type="checkbox"/> Group Therapy         | <input type="checkbox"/> Forensic Evaluations | <input type="checkbox"/> Educational Testing        |
| <input type="checkbox"/> Behavior Modification | <input type="checkbox"/> Hypnosis             | <input type="checkbox"/> Pain Management            |
| <input type="checkbox"/> Behavioral Medicine   | <input type="checkbox"/> Mediation            | <input type="checkbox"/> Other _____                |

**SPECIALIZED EXPERIENCE:** Identify up to FIVE areas of expertise, with #1 being primary

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Adjustment to illness/injury | <input type="checkbox"/> Conduct Disorder              | <input type="checkbox"/> Dementia/Cognitive Disorder  |
| <input type="checkbox"/> HIV+                         | <input type="checkbox"/> Oppositional Defiant Disorder | <input type="checkbox"/> Major Depression             |
| <input type="checkbox"/> Anger Management             | <input type="checkbox"/> Eating Disorders              | <input type="checkbox"/> Dysthymia                    |
| <input type="checkbox"/> Life Transition Issues       | <input type="checkbox"/> Substance Related Disorders   | <input type="checkbox"/> Bipolar Disorders            |
| <input type="checkbox"/> Stress Management            | <input type="checkbox"/> Impulse Control Disorders     | <input type="checkbox"/> Cyclothymia                  |
| <input type="checkbox"/> Gambling                     | <input type="checkbox"/> Personality Disorders         | <input type="checkbox"/> Panic Disorder               |
| <input type="checkbox"/> Career Counseling            | <input type="checkbox"/> Schizophrenia                 | <input type="checkbox"/> Simple Phobia                |
| <input type="checkbox"/> Learning Disabilities        | <input type="checkbox"/> Psychotic Disorders           | <input type="checkbox"/> Social Phobia                |
| <input type="checkbox"/> ADHD                         | <input type="checkbox"/> Dissociative Disorders        | <input type="checkbox"/> OCD                          |
| <input type="checkbox"/> Developmental Disorders      | <input type="checkbox"/> Factitious Disorders          | <input type="checkbox"/> PTSD/Acute Stress            |
| <input type="checkbox"/> Autism Spectrum Disorders    | <input type="checkbox"/> Alzheimer's                   | <input type="checkbox"/> Generalized Anxiety Disorder |

**WORK SETTING & OTHER PROFESSIONAL ACTIVITIES:** Identify up to THREE with # 1 being primary

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> University/College Counseling Center | <input type="checkbox"/> Administration | <input type="checkbox"/> Industrial Organizational |
| <input type="checkbox"/> Community Mental Health Center       | <input type="checkbox"/> Research       | <input type="checkbox"/> Legal/Justice System      |
| <input type="checkbox"/> Hospital                             | <input type="checkbox"/> Supervision    | <input type="checkbox"/> Public Service            |
| <input type="checkbox"/> Private Practice (Solo/Group)        | <input type="checkbox"/> Consultation   | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Teaching/Education                   |   |  |

**AGE/GROUPS SERVED:**  Children under 12  Adolescents  Adults  Aged  All

### Foreign Languages:

Please list any non-English language or sign language in which you can communicate fluently with clients:

### Membership Dues Summary

I am applying for membership in KPA as a:	<b>AMOUNT</b>
<input type="checkbox"/> early career psychologist	} \$ _____
<input type="checkbox"/> 1-2 years postgraduate, working toward permanent license <b>(\$100)</b> degree year: _____	
<input type="checkbox"/> 2 years postgraduate <b>(\$125)</b> degree year: _____	
<input type="checkbox"/> 3 years postgraduate <b>(\$150)</b> degree year: _____	
<input type="checkbox"/> 4 years postgraduate <b>(\$200)</b> degree year: _____	
<input type="checkbox"/> 5 years postgraduate <b>(\$250)</b> degree year: _____	
<input type="checkbox"/> full member, first year <b>(\$150)</b> <i>annual dues are \$300 thereafter</i>	
<input type="checkbox"/> associate member, first year <b>(\$45)</b> <i>annual dues are \$90 thereafter</i>	
<input type="checkbox"/> student member <b>(\$15)</b>	
<input type="checkbox"/> affiliate member <b>(\$25)</b>	
I would like to add a reciprocal membership in the Missouri Psychological Association:	
<input type="checkbox"/> 1-2 years postgraduate <b>(\$20)</b>	\$ _____
<input type="checkbox"/> all others <b>(\$40)</b>	\$ _____
I would like to make a donation to PLIK in the amount of:	\$ _____
<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>

### Payment Options

I have enclosed a check made payable to KPA for \$ \_\_\_\_\_

Send the membership application, dues summary, and payment to:

**Kansas Psychological Association**  
**P.O. Box 3326**  
**Lawrence, KS 66046-0326**

---



---

Please bill my credit card for \$ \_\_\_\_\_

Card type:  Visa  MasterCard

Name as it appears on card: \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send your membership application and dues summary to:

**Kansas Psychological Association**  
**P.O. Box 3326**  
**Lawrence, KS 66046-0326**

or

Fax your membership application and dues summary to **(785) 856-3326**



**Recruiting Member:** Current KPA members may receive a \$20 discount off their next calendar year's dues for each new full member they recruit. There is a maximum of three discounts per member per year (for a total discount of \$60). All claims for new member discount must be made on the original application by clearly printing your name below.

\_\_\_\_\_



**For Office Use Only**

Behavioral Sciences Regulatory Board verification:

date: \_\_\_\_\_ contact: \_\_\_\_\_

Student enrollment verification:

date: \_\_\_\_\_ contact: \_\_\_\_\_

Payment verification:

date: \_\_\_\_\_

Acknowledgement of application sent to applicant on: \_\_\_\_\_

Application approved/rejected by Board of Governors on: \_\_\_\_\_

Applicant notified of decision on: \_\_\_\_\_

Member entered into database & listserv on: \_\_\_\_\_



KANSAS  
PSYCHOLOGICAL  
ASSOCIATION

Please read the information below before  
completing the dues summary.  
**Keep this information for your records and  
for future reference.**

### **KPA Membership Categories**

**Full Members** shall have a minimum of a doctoral degree in psychology or in an area primarily psychological in content. Full Members shall be entitled to all the rights and privileges of the Association including voting, holding elective office or appointive office.

**Early Career Dues: \$100-\$250    First Year Dues: \$150    Annual Member Dues: \$300**

**Associate Members** are persons with a minimum of a Master's degree in psychology or a field primarily psychological in nature, who do not meet the requirements for Full Member or Student member. Associate Members may serve on committees, but may not vote, or hold elective or appointive office. Associate Members shall achieve voting privileges after five consecutive years as an Associate Member.

**First Year Dues: \$45.00    Annual Member Dues: \$90.00**

**Student Members** are students working toward a graduate or undergraduate degree in a program primarily psychological in content at a college or university. Student Members may serve as voting members of committees. They may not hold elective or appointive office, except to serve as the Student Representative to the Board of Governors.

**Annual Dues: \$15.00**

**Affiliate Members** are persons interested in psychology who do not meet the requirements for Full, Associate, Emeritus, or Student member, but who wish to support the goals of KPA. They may serve on committees, but may not vote, hold elective or appointive office.

**Annual Dues: \$25.00**

**Reciprocal Members** reside in Kansas, but hold membership in the Missouri State Psychological Association in addition to their KPA membership. Reciprocal members are entitled to receive the MOPA newsletter, membership directory, web access, listserv access, discounts on CE events equivalent to full-member discounts, and the opportunity to serve as members of MOPA committees.

**Annual Dues: \$20.00 for 1-2 years postgraduate; \$40 for all others**

### **KPA Political Action Committee**

**Psychologists for Legislative Impact in Kansas (PLIK):** PLIK is the Political Action Committee representing psychologists in Kansas. PLIK provides psychologists with a legal conduit for making contributions to key Kansas legislators. Psychologists are encouraged to make contributions to PLIK a regular part of their KPA membership renewal. Voluntary contributions to PLIK are not deductible as charitable contributions for Federal Income Tax purposes.

*Dues payments to KPA are deductible by members as an ordinary and necessary business expense with the exception of 18% used by KPA for direct lobbying expenses. Dues are not deductible as charitable contributions for federal income tax purposes. Contributions to PLIK are not deductible as charitable contributions for Federal Income Tax purposes. As always, consult your financial advisor for clarification.*



**KANSAS  
PSYCHOLOGICAL  
ASSOCIATION**

## Mission

The objectives of the Association, whose membership is comprised of individuals representing diverse interests in both the science and the practice of psychology, shall be to advance the profession of psychology and promote human welfare. Specifically, the Association will: provide opportunities for all psychologists in Kansas to enhance their skills and knowledge base by offering professional continuing education and training; inform members about developments in the field through meetings, professional contacts, networking, reports, discussions, and publications; promote the highest standards of professional ethics, practice, and conduct among psychologists; advocate for public and professional interests in mental health and in related health issues; support the legislative process impacting the provision of psychological services to the public; promote high standards of scientific inquiry and the application of psychological research to issues of public welfare; provide information about psychology to the public; and engage in other related activities as deemed desirable and proper within the limits of section 501(c)(6) of the Internal Revenue Code of 1986 (or corresponding provision of any future United States Internal Revenue laws).

## Membership Benefits and Resources

### **Professional Representation Before Your:**

- ◆Federal Legislators and Staff
- ◆State Legislators and Staff
- ◆State Boards
- ◆State Agencies

### **Education and Training:**

- ◆Annual Spring Convention
- ◆Symposia and Conferences
- ◆Regional Workshops
- ◆Public Education Campaign

### **Communication and Information on Critical Issues:**

- ◆*Kansas Psychologist* newsletter
- ◆Website at [www.kspsych.org](http://www.kspsych.org)
- ◆Membership Surveys & Task Force Reports
- ◆KPA Member Listserve
- ◆KPA E-News

For additional information,  
please call the KPA office at  
(785) 85MYKPA  
(785) 856-9572

PO Box 3326  
Lawrence, KS 66046  
email: [KPA@kspsych.org](mailto:KPA@kspsych.org)  
fax: (785) 856-3326

Browse the KPA website at:  
[www.kspsych.org](http://www.kspsych.org)