

JOIN or RENEW STP MEMBERSHIP FOR STP IN 2012

Use this form to renew membership in the Society for the Teaching of Psychology (STP) [APA Division 2].

To pay online using PayPal, visit <http://teachpsych.org/members/registration/info.php>

Please check one: This application is: _____ New Membership; _____ Renewal

NAME

_____ First name

_____ Middle name (Initial)

_____ Last Name

STP has resources for Early Career Psychologists (ECPs). Are you within 7 years of receiving your doctorate? ___ Yes ___ No

MAILING ADDRESS (for all STP mailings)

City

State

Zip code

Pay the lowest dues for which you are eligible.

___ \$15 Student (post-doc, graduate, undergraduate)

___ \$15 Retired

___ \$25 Non-student (teacher, support staff, other)

Are you employed at a: ___ secondary school; ___ community college; ___ 4-year college/university; ___ Practice' ___ Industry; ___ Government; ___ Military; ___ Other (specify) _____

E-MAIL

_____ Please print clearly.

If you provide a valid email address, we will send you an **email confirmation** of receipt of your dues.

For members, associate, or affiliates of APA:

Provide your APA membership number, which can be found above your name on the mailing label of any mailing from APA (e.g., the APA Monitor); provide the 8 digits appearing between a series of 0's and a slash /:

APA MEMBER

PAYMENT OPTIONS

Renew online using PayPal; visit <http://teachpsych.org/members/registration/info.php> .

Draft a check or money order either to **STP** or to **Society for the Teaching of Psychology**.

Complete the credit charge authorization below.

Sorry, we cannot accept email or fax payments.

Charge Authorization for STP Dues

(You must provide all of the information below.)

Name of STP member: _____

Credit card: ___ Amer. Express ___ MasterCard ___ Visa

Card number: _____

Cardholder name (exactly as it appears on the card): _____

Cardholder billing street address: _____

City State Zip code

Cardholder daytime phone number (with area code): _____

Expiration date _____ Amount to charge \$ _____

Cardholder signature (original signature is required):

Please indicate APA member status:

___ Not a member; ___ Member, Fellow; Associate;

___ Affiliate (Student, TOPSS, PT@CC, International);

___ Retired (Life Status)

Are you joining STP through a special membership offer initiative? If so, please indicate the source of the initiative you are applying.

Make payment to **STP**. Mail this form & payment (credit information or check) to:

Theodore Bosack, STP Executive Director

P.O. Box 5609

Wakefield, RI 02880