

PSYCHOLOGISTS IN LONG-TERM CARE (PLTC) 2010 MEMBERSHIP FORM

PLEASE PRINT OR TYPE

Check One:

NEW MEMBERSHIP

RENEWAL

Name & Degree: _____

Institution: _____

Mailing Address (address you want the journal delivered to):

City State Zip Code

Phone

E-mail Address

Personal Website

- Do not** display mailing address on the website
- Do not** display phone number on the website
- Do not** display email address on the website
- I **do not** want my information in the PLTC Directory
- I **do not** want to join the PLTC listserv
- I **do not** want to receive the journal

In what state(s) are you licensed/certified to practice? _____

Diplomate status? YES NO

Primary Work Function: _____

Secondary Work Functions: _____

Describe the nature of your work (roles, activities, etc.)

Clinical role: _____

Research: _____

Training/education – types of trainees and setting(s):

Other: _____

Years experience in LTC practice, consulting, research: _____

American Psychological Assoc. Member? YES NO

If Yes, what Divisions? _____

GSA Member? YES NO

If Yes, what Section? _____

Other related organizational memberships?

2010 Membership Dues

Check One:

- Professional Member \$45.00
- Student Member-Renewal \$20.00
- Retired Member \$20.00
- First year student Free!
- Affiliate Member \$35.00
- Institutional Member \$110.00

Membership Total: \$ _____

Contributions

Contribution – General Fund: \$ _____

Contribution – Public Policy/Advocacy: \$ _____

Contribution – Student Award: \$ _____

Total Contribution: \$ _____

Payment Total: \$ _____

PLEASE MAKE CHECKS PAYABLE TO PLTC.

SEND MEMBERSHIP APPLICATION/RENEWAL AND PAYMENT TO:

Dean K Paret, Ph.D., PLLC
PO Box 2126
Burleson, TX 76028

PLEASE NOTE: Dues received *after* Sept. 1 will apply to the following year unless the member specifies they want the current year.

Membership Year: January 1 through December 31.