

WVPA APPLICATION FOR LIFE MEMBERSHIP

DATE _____ NOMINATED BY (print): _____

Members in good standing who have completed the Life Membership application, attained sixty-five (65) years of age or older, are retired or partially retired from the practice of psychology, and have provided significant contribution to the Association in the form of holding an office, contributing volunteer services or presenting education programs may be eligible for discounted annual dues at 25% of the standard annual member dues, pending the Life Membership application has been approved by the Membership Committee and the Board of Directors.

NOTE: To insure accurate records, please print or **type**

Nominee Name: _____ Title: Mr. 9 Ms. 9 Dr. 9
Last First MI

Business name: _____ Position _____

Business Address: _____ City _____ State _____ Zip (+4) _____

Business phone: _____ FAX: _____ E-mail: _____

Licensure state: _____ License #: _____ Yr. Granted License: _____ Degree: _____

Graduate School: _____ State _____ Date: _____ Regionally Accredited: Yes 9 No 9

Current age: _____ WVPA member? Yes No APA member? Yes No

Home information:

ADDRESS: _____

CITY _____ ST _____ ZIP _____

PHONE _____ E-mail _____

County of Residence: _____

WVPA SERVICE RECORD:

Offices held (and dates, where possible):

1. _____
2. _____
3. _____
4. _____

Committee service as member or chair (and dates, where possible):

- A. _____
- B. _____
- C. _____
- D. _____