

JAMAICAN PSYCHOLOGICAL SOCIETY

APPLICATION FOR MEMBERSHIP

Instructions: Please complete the form providing information for all applicable sections. The information provided will be held confidential and used for the sole purpose of assessing your application for membership within the society. Submit either electronically by clicking the 'Submit' button at the end of this document, or print and mail to the Jamaican Psychological Society.

PERSONAL DETAILS										
Prof. Mrs. Ms	Dr. Mr.	SURNAME	MIDDLE - NAME				FIRST NAME			
MAILING ADDRESS										
APARTMENT/TOWNHOUSE #		STREET ADDRESS				CITY/TOWN/DISTRICT			COUNTRY	
CONTACT DETAILS										
WORK NUMBER Ext.		HOME NUMBER		FAX NUMBER		MOBILE NUMBER		EMAIL ADDRESS		
HIGHEST DEGREE OBTAINED										
HIGHEST DEGREE OBTAINED		DATE STARTED DD MM YY		DATE COMPLETED DD MM YY		NAME OF INSTITUTION				
DEPARTMENT					CITY			COUNTRY		
CURRENT LEVEL OF STUDY (IF APPLICABLE)										
DEGREE		DATE STARTED DD MM YY		DATE COMPLETED DD MM YY		NAME OF INSTITUTION				
DEPARTMENT					CITY			COUNTRY		
AREAS OF SPECIALISED TRAINING										
AREA	NAME OF INSTITUTION			ADDRESS			DATE STARTED DD MM YY		DATE COMPLETED DD MM YY	
AREA	NAME OF INSTITUTION			ADDRESS			DATE STARTED DD MM YY		DATE COMPLETED DD MM YY	
AREA	NAME OF INSTITUTION			ADDRESS			DATE STARTED DD MM YY		DATE COMPLETED DD MM YY	
OTHER ORGANIZATIONAL MEMBERSHIP										
ARE YOU A MEMBER OF ANY PROFESSIONAL ORGANIZATION				PLEASE SPECIFY						
YES NO										
ETHICAL ISSUES										
ARE YOU CERTIFIED OR LICENSED BY A PROFESSIONAL PSYCHOLOGY BOARD OR ORGANIZATION					NAME OF BOARD/ORGANIZATION			COUNTRY		
YES NO										
CERTIFICATION/LICENSE NUMBER		EXPIRATION DATE DD MM YY		HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED BY A REGULATORY BODY				DATE DD MM YY		
				YES NO						
NAME OF REGULATORY BODY				REASON(S) FOR SUSPENSION/REVOCATION						

PROFESSIONAL FIELD

CLINICAL COUNSELLING INDUSTRIAL-ORGANIZATIONAL SOCIAL OTHER _____

AREAS OF SPECIAL INTEREST (PLEASE SPECIFY)

RESEARCH	
ACADEMIA	
PUBLICATIONS	
PSYCHOLOGICAL CONSULTATION	
COMMUNITY VOLUNTEER SERVICE	
WORKSHOPS & SEMINARS	
OTHER	

JPS MEMBERSHIP CATEGORY

FULL (POST-GRADUATE DEGREE IN PSYCHOLOGY RELATED FIELD - \$2,500) ASSOCIATE (FIRST DEGREE IN PSYCHOLOGY RELATED FIELD -\$2,500)
STUDENT (CURRENTLY A STUDENT IN A PSYCHOLOGY RELATED AREA - \$500) INTERNATIONAL AFFILIATE (\$2,500)

MEMBERSHIP AGREEMENT

I hereby declare that the information I have provided is true. I agree and acknowledge that this application, once accepted by the Jamaican Psychological Society (“JPS”) shall form my membership agreement. I further agree that the membership agreement is and shall be governed by the bylaws of the society.

SIGNATURE	DD	DATE	YY
		MM	