



MASP

Manitoba Association of School Psychologists

Application for Membership 2011-2012

Please complete the following form and mail it to the Membership Chair along with payment.
Memberships will expire on March 31, 2012.

Personal Information

Name: _____

Preferred Mailing Address: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

Employment Information (i.e. name of employer, address): _____

Type of Membership¹

Choose only one category of membership:

- Full member (\$100)
- Affiliate member (\$50.00)
 - o allied profession or not meeting full membership requirements
 - o residing outside of Manitoba
- Retired member (\$50.00)
- Student member (\$18.00)

Membership Requirements (new members only)

Choose one of the requirement options. Options apply to all membership categories and *supporting documents must be mailed in along with payment.*

- Forward official University transcripts and/or letter of employment verification
- Photocopied Clinician's Certificate
- Photocopied Letter of Eligibility

¹ Refer to Membership Information at www.masp.mb.ca for detailed information about types of membership and membership requirements.

Declaration

I hereby certify that the information provided and attached herewith is true in all respects.

Payment

I have forwarded the following payment by mail to the address below:

- Full Member \$100.00
- Affiliate Member \$50.00
- Retired Member \$50.00
- Student Member \$18.00

**Membership Chair
Manitoba Association of School Psychologists
162 - 2025 Corydon Avenue, Suite 562
Winnipeg, Manitoba R3P 0N5**

Obtaining your User ID and Password for www.masp.mb.ca

For memberships that are renewed by mail, please note that your application must be received and processed before you are assigned an account for the website. You will then be emailed a user name and password that will allow you to access the Member's Only Section.

<ul style="list-style-type: none">• I wish to add my name to the MASP website's directory search for Certified School Psychologists (Certified by Manitoba Education and Training) _____ Yes _____ No • I agree to allow MASP to share my mailing address information for verified University research projects in the area of School Psychology _____ Yes _____ No
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