



2021 *FIRST-TIME* MEMBER REGISTRATION FORM

April 1, 2021 - March 31, 2022

**USE ONLY IF YOU ARE NOT A CURRENT OR PAST APNL MEMBER
(STUDENTS SEE SEPARATE STUDENT FORM)**

Title: _____ Surname: _____ Given Name: _____

Preferred Contact Info:

Address: _____

City/Town: _____ Postal Code: _____

Phone: (P) _____ (C) _____ (O) _____

Email(required): _____ Fax: _____

Geographical area of work:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> St. John's/Metro | <input type="checkbox"/> Avalon Peninsula/East | <input type="checkbox"/> Central |
| <input type="checkbox"/> West | <input type="checkbox"/> Labrador | <input type="checkbox"/> Other _____ |

Please indicate any activities in which you are interested in participating.

1. APNL Committees/Reps

- | | | |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Executive | <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Psych Month Activities | |

2. Peer Counselling/Consult

- I am willing to provide peer counseling or consultation to fellow APNL members on a pro bono basis (Not intended as a means of psychological counselling or intervention)

3. Public Speaking

I am available to offer presentations or respond to requests to speak to:

- Fellow Psychologists** **Media** **Public/ Community**

on the following psychology related topic(s)/issue(s):

For APNL Office Use Only

Date: _____ APNL#: _____ Member Category: _____

Fees Paid: _____ Receipt#: _____

APPLICANT EDUCATIONAL QUALIFICATIONS:

Highest Degree Obtained: _____ Institution: _____

Specialty (ie. clinical, educational psychology, counseling psychology):

Date Completed: _____

Full Members must meet ONE of the following criteria:

- I am a Full or Provisional Registrant with the Newfoundland Labrador Psychology Board (or an equivalent Provincial/State Licensing Board) _____ Board and Registration Number

OR

- I hold a graduate degree (Master's or Doctorate) in Psychology acceptable to APNL

Please CLEARLY indicate your NEW Member Registration Category and applicable fee below

Non - CPA Member	___ \$ 200.00	(April 1 - Sept 30)
	___ \$ 100.00	(Registration after Sept 30)
CPA Member # _____	___ \$ 190.00	(April 1 - Sept 30)
	___ \$ 95.00	(Registration after Sept 30)

Signature: _____ Date: _____

Payment Options - NOTE: All Payments will be processed after April 1***Cheque/Money Order to - APNL P. O. Box 26061, RPO LeMarchant Road, St. John's, NL A1E 0A5******E-Transfer - Email : membership@apnl.ca******Security Question - What for Security Response Membership2020***