**2023/2024 FULL MEMBER RENEWAL FORM**

**April 1, 2023 - March 31, 2024**

Title:\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Contact Info:**

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (P)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (O)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Geographical area of work:**

****St. John’s/Metro ****Avalon Peninsula/East ****Central

****West ****Labrador ****Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. APNL Committees/Reps

**** Executive **** Continuing Education **** Advocacy

**** Membership **** Psych Month Activities **** Newsletter

1. 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)

1. 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):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| For APNL Office Use Only Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APNL#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Fees Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Renewing Members must meet ONE of the following criteria:**

1. 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***

1. I hold a graduate degree (Master’s or Doctorate) in Psychology acceptable to APNL

**Please CLEARLY indicate your Renewal FULL Membership Category and applicable fee below**

**DEADLINE: March 31, 2023 (Late Renewal Fee additional $25.00 if renewing after March 31, 2023).**

**Before March 31st, 2023**

**** $200 Full Member

**** $190 Full Member with CPA membership (CPA Member # )

**After March 31st, 2023**

**** $225 Full Member

**** $215 Full Member with CPA membership (CPA Member # )

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 - All e-transfers must use the following:***

***Email :*** *membership@apnl.ca*

***Security Question -*** *What for*

***Security Response -*** *Membership2023*