

ASSOCIATION OF PRACTICING PSYCHOLOGISTS,
MONTGOMERY-PRINCE GEORGE'S COUNTIES, INC.

2011 APPLICATION FOR MEMBERSHIP

Registration and payment can now be done electronically at www.apponline.org

All information is for APP use only and will not be shared with outside parties unless otherwise stated.

Full Name: _____ Degree: _____

Email (Required): _____

Membership Application: _____ New Member _____ Renewing Member

Please check one:

_____ Full member - licensed in MD and practice or reside in Montgomery or PG County

_____ MD License Number

_____ Affiliate Member - Current licensure, practice, or residence in MD, VA, or DC

(requires a photocopy of current license to be submitted with membership form)

_____ State _____ License Number

Send completed application form and \$50 annual APP membership dues to:

Jody Buckley Keating
11801 Grey Birch Place Reston, VA 20191

*Checks can be made payable to: Association of Practicing Psychologists
Please write separate checks for membership and any workshop fees*

Check number: _____ Amount: _____

CONTACT INFORMATION:

(Renewing Members simply write "no change" or NC where applicable)

Home Address:

Number and Street City State ZIP

County: _____ Home Phone: _____ FAX: _____

Primary Office Location:

Number and Street City State ZIP

County: _____ Office Phone: _____ FAX: _____

Preferred Contact Method: _____ Email _____ Mail to Home _____ Mail to Office

Do you want to be listed in the directory available to APP Members? _____ YES _____ NO

If yes, please provide a description of your practice and any other pertinent information. Please include information such as: 1) Treatment modality/population served, 2) Areas of specialization, 3) Theoretical orientation, and 4) Other relevant information. Descriptions are limited to 250 characters including punctuation and blanks, and will be edited as necessary:

With your membership, you may choose to list your practice information on the APP website, www.apponline.org. This service is free of charge to all Full and Associate APP members in good standing. The listings will be updated three times per year (September, November, and February) to add new members and make any changes.

Do you want to be included on the website available to the public? _____ Yes _____ No

If yes, please complete this section:

Email address for publication: _____

Second Office Location (if applicable):

Number and Street _____ *City* _____ *State* _____ *ZIP* _____

County: _____ Office Phone: _____ FAX: _____

Gender: _____ Female _____ Male

Fluency in languages other than English: _____

Areas of specialization (check all that apply):

- | | |
|--------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Preschoolers therapy/treatment | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Children therapy/treatment | <input type="checkbox"/> Hypnotherapy |
| <input type="checkbox"/> Adolescents therapy/treatment | <input type="checkbox"/> Child custody/forensic |
| <input type="checkbox"/> Young adults therapy/treatment | <input type="checkbox"/> Business consulting |
| <input type="checkbox"/> Adults therapy/treatment | <input type="checkbox"/> Mediation for divorce |
| <input type="checkbox"/> Couples therapy | <input type="checkbox"/> Mediation – other |
| <input type="checkbox"/> Family therapy | <input type="checkbox"/> Testing children/adolescents |
| <input type="checkbox"/> Group therapy- children/adolescents | <input type="checkbox"/> Testing adults |
| <input type="checkbox"/> Group therapy – adults | <input type="checkbox"/> Addiction Treatment |