

SOUTHEASTERN PSYCHOLOGICAL ASSOCIATION DUES NOTICE FOR STUDENT AFFILIATES

(August 2009)

OFFICE USE ONLY

Date Rec'd. _____
Cash/Check # _____
Total Paid \$ _____
LYPD/Pays _____
Dues _____
Registration _____
Program Book _____
Other _____
Date Processed: _____

Annual dues of \$30 for Student Affiliates for 2010 are payable at this time, and **if not paid by close of the 2010 convention will result in a loss of membership.**

To be reinstated you will have to go through the complete membership process once again. If you do not wish to renew, you can still take part in the meeting, but only as a non-member (at higher fees).

If your address has changed in the past year, please note all changes on this form and return to SEPA (whether you are paying your dues at this time or not).

_____ **I am eligible to continue as a Student Affiliate; a check for \$30 is enclosed.** ELIGIBILITY FOR STUDENT AFFILIATE MEMBERSHIP: If you (a) are an undergraduate student in psychology or a related field, OR (b) have completed less than two years of graduate study in psychology and do not have a Masters degree, you are eligible to continue as a Student Affiliate.

_____ **My application for full membership in SEPA and a check for \$45 are enclosed.** ELIGIBILITY FOR FULL MEMBERSHIP: If you (a) already have a Masters degree in psychology, OR (b) are an advanced graduate student who has completed at least two years of graduate study in psychology, **you are not eligible to continue as a Student Affiliate.** If you are continuing your graduate studies at an accredited college or university or are employed full-time as a psychologist, **you are eligible for full membership.** If you wish to apply for full membership, complete the enclosed Membership Application and return this form and the membership application with a check for \$45. **(Please read the Membership Application carefully as requirements and documentation for membership have changed.)** Because of differences in membership requirements, **STUDENT MEMBERSHIP IN APA does NOT qualify you for "Full Member" status as a SEPA member.**

PLEASE PRINT CLEARLY

Date _____ Daytime Phone # () _____

(Last Name) _____ (First) _____ (Middle) _____

(Mailing Address) _____ (City, State, ZIP + 4-digit extension) _____

VERY IMPORTANT: E-Mail Address: _____

E-mail address is REQUIRED for you to use Electronic Submission System and receive important SEPA updates.

Highest Degree: _____ Current Affiliation: _____
(Please name your University, Clinic, Corporation, etc.)

Amount enclosed for this form:

ANNUAL DUES \$ _____

Contribution to SEPA Education Fund \$ _____
(Contributions are used to invite prominent psychologists to present their research at the SEPA convention.)

CONVENTION EARLY REGISTRATION (rates rise \$20 after December 31, 2009) \$ 30.00

TOTAL AMOUNT ENCLOSED \$ _____

We encourage you to register in advance to reduce our costs and improve our planning.
(The registration form is enclosed in this packet of information – all forms can be downloaded from www.sepaonline.com)

Return this notice with your check, **payable to SEPA**, in the enclosed gray envelope to:

SEPA
Department of Psychology
University of West Florida
Pensacola, FL 32514

You may pay dues and/or registration by credit card ONLINE
after August 15, 2009 at www.sepaonline.com
You can update contact information at this same site.