

**Kansas Association of School Psychologists**



**Membership Application  
January 1, 2010 – December 31, 2010**

Name: \_\_\_\_\_ Maiden/Other: \_\_\_\_\_

Home Address  
(including city and zip): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address  
(including city and zip): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email (MUST have at least one to receive Electronic

Examiner, also used for listserv) : \_\_\_\_\_

Initial year of practice: \_\_\_\_\_ Year of Retirement: \_\_\_\_\_

**Membership Type & Payment (check or purchase order payable to KASP)**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Practitioner<br>(\$40.00) | <input type="checkbox"/> Supervisor<br>(\$40.00) | <input type="checkbox"/> Administrator<br>(\$40.00) | <input type="checkbox"/> Trainer<br>(\$40.00) |
| <input type="checkbox"/> Independent<br>(\$40.00)  | <input type="checkbox"/> Retired<br>(\$10.00)    | <input type="checkbox"/> Student at<br>(\$10.00)    | University:                                   |

Student membership requires annual verification of status.

Student status requires enrollment in a minimum of 6 hours leading to certification as a school psychologist or an advanced degree. If you are on internship, you must have your provisional certification and be enrolled in internship credits.

\_\_\_\_\_  
Signature of University Trainer

Please mark any committees on which you would be willing to serve:

\_\_\_\_\_ Futures      \_\_\_\_\_ NCSP      \_\_\_\_\_ Suicide Prevention

Would you be willing to serve as a KASP liaison for your district, coop, or university?      Yes      No

Do you want to be included in the KASP Directory of Independent Evaluators?      Yes      No

Do you want to be included on the KASP Listserv? (provide email address above)      Yes      No

Would you be willing to serve on the KASP Executive Board?      Yes      No

Are you bilingual?      Yes      No

If so, would you be willing to be included on a statewide directory?

All members please sign (signature indicates agreement to abide by Ethics and Standards of KASP/NASP).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send Payment to:      KASP  
                                    PO Box 1801  
                                    Emporia, KS 66801