



San Joaquin Valley Psychological Association

Membership Application

Thank you for your interest in becoming a member of the San Joaquin Valley Psychological Association (SJVPA). Please take a moment to fill out this application to become a member. You may return this application in person at an SJVPA General Meeting, Board Meeting, or Continuing Education (CE) event, or by mail at the address listed at the bottom of this application. Once the SJVPA receives your application and dues payment you will be a member.

Membership lasts for one (1) year from the time of the processing of your application and payment. Dues are required each year, on the anniversary of your becoming a member, in order to maintain membership. You may pay by Check, Money Order, or Credit Card (on the SJVPA website). Once you are a member you may also login to the SJVPA website and edit your profile, change your login password, and register for SJVPA events.

Membership Information

Name: _____ **Date:** _____

Address:

(This address will be available for other members, and the public, to view online. Generally this is a member's business address. If you don't have a business address, it is recommended use an alternate address such as a school address (if you are a student) where you can receive postal mail, or P.O. Box if you have one. If you are unable to use any of these please check the box to keep your address private and it will not be available for anyone other than the SJVPA Board to access)

Please keep this address private, as it is a home/personal address

Phone:

(This phone number will be available for other members, and the public, to view online. It is recommended you use a business phone number. If you do not have one, please check the box below to keep the number private and unlisted on the SJVPA website)

Phone: (_____) _____

Fax: (_____) _____

Please keep this numbers private, as it is a home/personal number

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Email Address (required): _____

License Number: PSY PSB _____

Membership Type:

- Full Member (\$80.00 USD)
- 1 Year Post-Doctoral Member (1 Year Free Membership)
- Student Member (\$35.00 USD)

Member Profile Information

The following information will be published by the SJVPA website for other members to view. It will also allow lay individuals to utilize the website as a resource for finding Mental Health Providers. If you wish for the information to remain private please indicate your responses for SJVPA records, but check the box marked "Please keep information private." With this setting selected the public will be unable to search your name using the information when attempting to select a provider.

General **Theoretical Orientation** used in Professional Endeavors:

- | | |
|---|---|
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Biofeedback |
| <input type="checkbox"/> Cognitive/Behavioral | <input type="checkbox"/> Eclectic |
| <input type="checkbox"/> Family Systems | <input type="checkbox"/> Feminist |
| <input type="checkbox"/> Gestalt | <input type="checkbox"/> Humanistic/Existential |
| <input type="checkbox"/> Play Therapy | <input type="checkbox"/> Psychoanalytic/Psychodynamic |
| <input type="checkbox"/> Solution Focused | <input type="checkbox"/> Other _____ |

Please select three (3) areas of **clinical, professional, or personal interest** from the list provided (please write your 3 areas of interest on the following page in the space provided):

- | | | |
|---------------------|----------------------------|--------------------------|
| ADHD | Adolescents | Adoption Issues |
| Aging | AIDS/HIV | Anger Management |
| Anxiety Disorders | Biofeedback | Career Counseling |
| Child Abuse | Children | Chronic Mental Illness |
| Clinical Hypnosis | Community Organization | Criminal Justice System |
| Crisis Response | Custody Evaluations | Dementia |
| Depression | Developmental Disabilities | Developmental Psychology |
| Disaster Psychology | Dissociative Disorders | Divorce Mediation |
| Domestic Violence | Eating Disorders | Education |
| Employee Assistance | Ethnic/Cultural Issues | Families |
| Forensics | Gay/Lesbian Issues | Grief |
| Health Psychology | Humanistic/Existential | Impulse Disorders |

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Industrial/Organizational	Jungian Analysis	Learning Disabilities
Managed Care	Management	Media
Men's Issues	Military Issues	Mood Disorders
Neuropsychology	Obsessive-Compulsive	Organic Disorders
Pain Management	Personality Disorders	Phobias
Physical Abuse	Physical Disability	Psychological Assessment
Psychopharmacology	Psychosis	PTSD/Trauma
Public Agency	Rehabilitation	Relationships
Reproductive Issues	Research	Substance Abuse
Transgender Issues	Women's Issues	

Primary: _____

Secondary: _____

Tertiary: _____

Age Groups Treated (multiple selections allowed):

- | | | |
|--------------------------------------|--------------------------------|--|
| <input type="checkbox"/> Adolescent | <input type="checkbox"/> Child | <input type="checkbox"/> Infant/Toddler (0-5yrs) |
| <input type="checkbox"/> Young Adult | <input type="checkbox"/> Adult | <input type="checkbox"/> Older Adult |

Primary Practice Setting (one (1) selection only):

- | | | |
|--|--|--|
| <input type="checkbox"/> Correctional System | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Hospital Practice |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Managed Care | <input type="checkbox"/> Military |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> University/School | |
| <input type="checkbox"/> Other _____ | | |

Treatment Modalities Utilized (multiple selections allowed):

- | | |
|---|--|
| <input type="checkbox"/> Group Psychotherapy | <input type="checkbox"/> Individual Psychotherapy |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Neuropsychological Testing |
| <input type="checkbox"/> SSI Disability Evaluations | <input type="checkbox"/> Learning Disability Evaluations |
| <input type="checkbox"/> Other _____ | |

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Thank you for completing the membership application. Once you have provided this application, and payment, the SJVPA we will create a membership page for you on our website. You will receive an email with login information, to the email address indicated above, which will include your username and password. The email will also remind you to please change your password once you login for the first time.

I, the undersigned, verify the information provided on this membership application is accurate to the best of my knowledge. I also understand this information will be used to create an online profile through the San Joaquin Valley Psychological Association's internet website (www.sjvpa.wildapricot.org). I affirm I am the person who filled out this membership application and understand I will not be a member of the SJVPA until this application, and the payment of dues, is received by the organizations board.

Signature: _____ Date: _____

To mail this application to the SJVPA, place the application and dues in an envelope and mail to:

San Joaquin Valley Psychological Association
c/o Dr. Elisabeth Ganiron, Psy.D.
3443 W. Shaw Ave.
Fresno, CA 93711
Phone: (559) 271-1186 ext. 132

You may also complete an application online at www.sjvpa.wildapricot.org. If you would like to pay your dues by credit card, please go to www.sjvpa.wildapricot.org after receiving an email of the processing of this application and you will be prompted to complete payment online by credit card.