



Membership Directory Information

SPs

2041 Virginia Avenue S, Suite 115
Minneapolis, MN 55426
(952) 926-3626

Name _____ Professional Degree _____

For your Membership Directory Listing, please indicate your Specializations:

Specializations: (check all that apply) _____ Child & Adolescent _____ Adult _____ Family
_____ Psychological Testing _____ Supervision/Consultation _____ Teaching _____ Couples Therapy
_____ Therapy Groups _____ Specialty Groups _____ Psychoanalysis
_____ Other _____

Please record your name exactly as you would like it to appear in the Directory, e.g. Name, Ph. D.; Name, Ph. D., L.P., etc. on the line below:

Office Address _____
Street City State Zip Code

Office Phone _____

Home Address _____
Street City State Zip Code

Home Phone _____

Email Address _____

Website Address _____

May we print your office address/phone in our directory? ___Yes ___No

May we print your home address/phone in our directory? ___Yes ___No

May we print your email address in our directory? ___Yes ___No

For our records only, are you a member of the American Psychological Association? ___Yes ___No

Are you a member of Division 39? ___Yes ___No

Are you an early career professional (graduated within the past five years)? ___Yes ___No

Please indicate your professional affiliation: ___Psychologist ___Psychiatrist/Physician ___Social Worker
___Student ___MFT ___Other _____

Licensure Held _____

Interests in volunteer opportunities: (Check all that apply) ___Conference Planning ___Board Membership

___Membership Committee ___Firesides ___Film Series ___Other: _____

PLEASE MAIL THIS FORM WITH YOUR \$80.00 CHECK
(\$40.00 Student and Early Career Professional Membership)

Mailing Address: SPS, 2041 Virginia Ave South, Suite 115, Minneapolis, MN 55426