

# South Carolina Association of School Psychologists

P.O. Box 11711 Capitol Station, Columbia, SC 29211

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## MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Employment \_\_\_\_\_

Present Position \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Are you presently certified as a school psychologist by the South Carolina Department of Education?

Circle one: YES NO

Date certified \_\_\_\_\_ Certification number \_\_\_\_\_ Level of Certification \_\_\_\_\_

Education: University/College Dates Degree Field of Study

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is correct. I understand the falsification of information may lead to denial of membership:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

E-mail address: \_\_\_\_\_ Do you want to be on the SCASP Listserve? \_\_\_\_\_

MEMBERSHIP FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

**Student** - Actively involved in a program leading to certification as a school psychologist (equivalent to at least 6 semester hours, not granted to any person employed full-time. Applicants must include one letter of recommendation from a faculty member confirming student status. Annual dues are **\$25.00**

If student, have faculty member sign here \_\_\_\_\_

**Associate** - Possesses a bachelor's degree or higher in psychology or a related field and demonstrates professional interest in the field of school psychology. Applicants must include one letter of recommendation from a certified school psychologist. Annual dues are **\$70.00**

**Patron - \$125**

**Full** - Certified as a school psychologist by the South Carolina Department of Education or primarily engaged in the training of school psychologists. Applicants must include a copy of a South Carolina Certificate. Annual dues are **\$100.00**

**NOTE: New dues submitted July 1- November 30 are 1/2 of those stated above; renewals are full price. The SCASP Membership year runs January 1-December 31. Dues submitted December 1-31 will be for the following year.**

Send application, dues and letter of recommendation or copy of certificate to:

SCASP Membership Chairperson  
PO Box 11711, Capitol Station  
Columbia, SC 29211