

HUDSON VALLEY PSYCHOLOGICAL ASSOCIATION
2011-2012 MEMBER RENEWAL APPLICATION & BALLOT
(Dues Year Ending June 30, 2012)

PROMPT REPLY REQUIRED

TIMELY RETURN REQUIRED TO REMAIN ON THE LISTSERV AND WEBSITE:
FAILURE TO RETURN THIS RENEWAL APPLICATION, W/APPLICABLE FEE, BEFORE NOVEMBER 1ST WILL INITIATE THE PROCESS TO REMOVE YOUR NAME FROM THE LISTSERV AND WEBSITE.

INSTRUCTIONS: Please make sure your answers are complete and legible.

____ PRINT AND COMPLETE ALL 8 PAGES OF THE NEW MEMBER APPLICATION

____ ATTACH CHECK made out to HVPA for applicable 2011-2012 Dues

MAIL COMPLETED RENEWAL FORM and FEE TO:

**Hilary Luttinger, Ph.D.
HVPA MEMBERSHIP
P.O. BOX 107
Lagrangeville, NY 12540**

Contacts for additional information

--about Membership: Hillary Luttinger 845 913-5513 hilaryluttinger@msn.com
--about the Website: Lorinda Arella 845 797-3642 drloria@gmail.com

REMINDER: The information provided by you on the attached form will NOT be verified by HVPA. The APA Code of Ethics states that any public statements or advertisements made by a psychologist should not be "false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated." Any significant changes to the information provided hereto, that may arise in the future, should be reported immediately to the HVPA's Membership Chair or to the Executive Board.

The 2011-2012 Hudson Valley Psychological Association Board

Rebecca Rooney, President Elect
Hillary Luttinger, Membership
Howard Susser, Treasurer
Glenn Soberman, Programs
Lenore Strocchia Rivera, Immediate Past President
Barbara Burns, Secretary
Lorinda Arella, Communications

HUDSON VALLEY PSYCHOLOGICAL ASSOCIATION 2011-2012 RENEWAL APPLICATION

Today's Date: _____

HVPA Member Since: _____

APPLICANT NAME:			
Please Print			
_____	_____	_____	_____
first	middle	last	degree
CURRENT NYS PSYCHOLOGIST LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LICENSE NUMBER: _____		Expiration Date: _____	
If licensed for the first time within the past 12 months, please attach a copy			

PERSONAL CONTACT INFORMATION	
- For HVPA Use/Distribution ONLY-	
Home Address	_____ _____ _____ ZIP _____
Personal Phone: () _____	Personal Fax: () _____
Personal Email:	

MEMBERSHIP CATEGORY AND DUES

<p>CHECK ONE of the FOUR MEMBERSHIP CATEGORIES listed below. Write a check to HVPA for the applicable fee.</p>	
<input type="checkbox"/> STANDARD MEMBERSHIP:	\$ 60.00
<input type="checkbox"/> EARLY CAREER (Licensed < 5 Years)	\$ 30.00
<input type="checkbox"/> I am DUES EXEMPT (Licensed and over age 70)	\$ 0.00
<input type="checkbox"/> INTERNS OR NON-LICENSED/NON-VOTING	\$ 30.00
Check # _____	
<p>The first three categories are VOTING MEMBERS: <i>HVPA's Voting Members are psychologists who hold a doctorate and are currently licensed to practice psychology in New York State</i></p>	

GENERAL ATTESTATIONS

Which email address do you prefer to use for HVPA-Related Business? _____

With the EXCEPTION OF YOUR PERSONAL CONTACT INFORMATION do you give your permission to HVPA to.....

-
- **USE** all other information provided to REFER CLIENTS WHO CALL THE HVPA PHONE LINE in search of a psychologist? **YES** **NO**
 - Explanation (if needed):
 -
 - **INCLUDE** you on the HVPA LISTSERV? **YES** **NO**
 - Explanation (if needed):
 -

NOTE: Members unable or unwilling to participate fully via internet, and require communications via "snail-mail," are subject to a surcharge equivalent to one-half of the standard annual dues.

WEBSITE ATTESTATION

To be listed on the Seeking Help search feature, **YOU MUST AFFIRM THE FOLLOWING, IN WRITING:**

I, _____, understand the following HVPA Website policy statement:

“... Information about a listed psychologist was provided and verified by the individual member, at the time it was posted to this website. The data provided was not verified by HVPA. It will often take up to 60 days to post a correction to the website after submission by a member: users are urged to verify all information provided (office location and other contact information, license status, types of insurance accepted) before a scheduled appointment. The Code of Ethics of the American Psychological Association (APA) states that any public statements made by a psychologist should not be "...false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated." Listed members are expected to immediately report any significant changes to the information presented herein, to HVPA's Membership Chair, who will then forward needed changes to the person or committee responsible for website updates.”

I further acknowledge that I am responsible for immediately informing the HVPA Membership Chair about any changes in my contact/practice information as listed on the HVPA Website and included in the HVPA member application form.

Signature

Date

