



3841 N. Freeway Blvd.
Suite 100
Sacramento, CA 95834
916 / 444-1595
916 / 444-1597 fax

Apply online at
www.casponline.org

MEMBERSHIP / RENEWAL APPLICATION

PERSONAL INFORMATION

Mr. Ms. Mrs. Dr. • M.A./S. PhD LEP NCSP SP Graduate Program Trainer (circle all that apply)
I have been a school psychologist for ____ years

First Name: _____ Last Name: _____

Check here if Home and Billing address are the same.

Home Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

District: _____ County where you work: _____

Region No.: _____ E-mail: _____

Work Phone: _____ Cell/Home Phone: _____



MEMBERSHIP CATEGORIES

(Please Check One)

- Status Change (Check here if this is a membership category change.)
- Regular Member** - \$155.00. Regular Members are persons who (1) are credentialed school psychologists employed in California, OR (2) are Licensed Educational Psychologists.
- Retired Member** - \$65.00. Retired Members are persons who are retired from active employment in the schools and are not employed in any capacity that would qualify for membership in any other category.
- Associate Member** - \$155.00 (Please Check One)
 - Credentialed school psychologist employed in a state other than CA.
 - Credentialed school Psychologist who is on leave of absence to personal or professional reasons, such as pursuing an advanced degree.
 - A member of an allied profession interested in the activities of CASP.
- Student Member** - \$50.00. Student Members are enrolled in a full-time training program leading to their initial credential in school psychology. Please complete Advisor's information below:
- 1st Year School Psychologist** - \$50.00. Members in this category are renewing CASP members that have graduated during the 2019 membership year and are working. Please complete supervisor's info below:
 - Advisor's / supervisor's name: _____
 - Advisor's / supervisor's e-mail: _____
 - Advisor's / supervisor's phone: _____

PAYMENT OPTIONS

I am interested in donating to the:

*CASP charges \$25.00 for all returned checks

"CLD" Cultural Linguistic Diversity Scholarship

Mini-Grants Program

PAYMENT IN FULL Membership Fee \$ _____

Payroll Deduction (Regular Members Only)

Check # _____ Mini-Grant Donation \$ _____
(Payable to CASP*)

CLD Donation \$ _____

Payroll deduction is the easiest way to pay your membership fees. Send CASP this completed form and start receiving membership benefits immediately.

Pursuant to Education Code 45060, to pay for CASP membership dues, I authorize the above-named school district to withhold \$15.50 per month, for 10 months, from my salary during the school year.

Visa / Mastercard

*Credit Card Number: _____ TOTAL \$ _____

□□□□-□□□□-□□□□

Social Security Number

This information will only be used for processing this application.

□□□□-□□□□-□□□□

Security Code: □□□□

Expiration Date: □□/□□□□

Signature: _____

Phone Number: (_____)_____- _____

CASP is authorized to use my credit card for payment of member dues.

Signature: _____

Pursuant to Omnibus Budget Reconciliation Act of 1993 and provisions contained in the lobbying tax law, CASP is required to inform members that 14% of your dues payment is non-deductible as an "ordinary and necessary" business expense. Contributions of gifts to CASP are not tax deductible as charitable contributions. However, they may be tax deductible under the provisions of the Internal Revenue Code.