

PERSONAL DETAILS

Dr ☐ Mr ☐ Ms ☐ Other ☐ _____

Family name: _____ Former name (if applicable): _____

Given names: _____ Date of birth: _____ / _____ / _____

APS Member Number: _____ APS Grade: _____ PsyBA Registration Number: _____

BASIS FOR APPLICATION

☐ I am an Honorary Fellow, Fellow, Member, Associate Member, or Affiliate of the APS; AND☐ I wish to be admitted as an Affiliate of the APS College of:☐ Clinical Neuropsychologists☐ Counselling Psychologists☐ Health Psychologists☐ Clinical Psychologists☐ Educational & Developmental Psychologists☐ Organisational Psychologists☐ Community Psychologists☐ Forensic Psychologists☐ Sport & Exercise Psychologists

COLLEGE MEMBERSHIP DIRECTORY

The College has developed a Membership Directory for each College which assists members to network and connect within their College.

Only members of the same College can access the College Membership Directory. The following details are disclosed: Title, First name, Last name, Telephone number, Work place, State/Territory. Further options for members include provisions for expressing interest in peer consultation and providing supervision to provisional psychologists.

☐ Please tick the box if you would like to be listed in the College Membership Directory.

APPLICANT'S DECLARATION

I hereby declare that:

1. All information submitted by me in this application is true to the best of my knowledge. I understand that any misleading statement, or omission, may be cause for rejection of this application.
2. I understand that if my application is unsuccessful, or if I withdraw or don't complete my application, I will be charged a processing fee of up to a maximum of \$88.00.
3. If I become a member of an APS College, I will be bound by the *Generic Rules for Colleges* and any other rules or regulations adopted by the APS including the Terms and Conditions for APS College Applications and the APS Privacy Policy (Copies of the above documents are available on the APS website www.psychology.org.au or alternatively from the National Office of the APS).
4. I have read and understood the Terms and Conditions for APS College Applications and the APS Privacy Policy.

Signature: _____ Date: _____ / _____ / _____

OFFICE USE
ONLY

PAYMENT

Membership for the Subscription year ending 31 May 2020

There are three payment periods, depending on when you join:

• If you join between 1 June 2019 and 30 November 2019	\$110.00 (incl. \$10.00 GST)
• If you join between 1 December 2019 and 10 February 2020	\$55.00 (incl. \$5.00 GST)
• If you join between 11 February 2020 and 31 May 2020^	\$110.00 (incl. \$10.00 GST)

^ When joining between 11 February and 31 May 2020 you will receive College Membership until 31 May 2021 which means getting up to 3 months complimentary College Membership.

1. If you are paying by **cheque**, please make it payable to: The Australian Psychological Society Limited (Australian dollars only please).

2. If you are paying by **credit card**, please complete the following details:

☐ American Express

☐ Mastercard

☐ VISA

Amount: \$ _____

Card number:

Expiry date: _____ / _____

Card holder's name (please print clearly): _____

Card holder's Signature: _____ Date: _____ / _____ / _____

The Australian Psychological Society Limited ABN: 23000 543 788

This document becomes a Tax Invoice for GST upon payment. Please photocopy this form for your records.

SEND FORM TO ...

Once you have completed this form, please send it together with all relevant documents and payment to:

Attention:

APS College Assessment Team

The Australian Psychological Society Limited

PO Box 38, Flinders Lane VIC 8009, AUSTRALIA

Telephone enquiries to APS Colleges on **03 8662 3300** or toll free **1800 333 497**

Email enquiries to **collegeapplications@psychology.org.au**

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Application outcome:

APPROVED ☐

NOT APPROVED ☐

Name of assessor	Signature of assessor	Date: ____ / ____ / ____
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