ASSOCIATION OF VIRGIN ISLANDS PSYCHOLOGISTS

Promoting the interests & advancing the Profession of Psychology in the U.S. Virgin Islands

Membership Application

Fill out the entire application form. You may fill out the application online and print it. However, it cannot be saved so be sure to make a copy for your records. After printing, sign the last page and mail the form to: Marilyn Braithwaite-Hall, Ph.D., Association of Virgin Islands Psychologists, PO Box 302037, St. Thomas, VI 00803.

Title: _______
Name: _________________________________________

PHYSICAL ADDRESS
Address 1: ______________________________________
Address 2: ______________________________________
City: _________________________________ State: ____ Postal Code: __________

MAILING ADDRESS (if different from Physical Address)
Address 1: ______________________________________
Address 2: ______________________________________
City: _________________________________ State: ____ Postal Code: __________

TELEPHONE NUMBERS
Home: ____________________
Work: ____________________
Mobile: ____________________

Email Address: ____________________________
**EDUCATION**

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates of Attendance</th>
<th>Degree/Date</th>
<th>Major/Dept</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you currently working toward a degree in Psychology?  
Yes               No

If yes, Degree: ________________

Title of Thesis (if applicable) ___________________________________________________

---- OR ----

Title of Dissertation (if applicable) ______________________________________________

**EMPLOYMENT**

Are you currently employed as a Psychologist?  
Yes               No

If yes, Employer: _____________________________________________________________

Date of employment: ____________________________________

Title or Position: ________________________________________

**Previous Employment in Psychology**

<table>
<thead>
<tr>
<th>Location</th>
<th>Position</th>
<th>Institution</th>
<th>Dates Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APA Membership/Licensure

Are you a member of APA?  Yes            No
Membership Number: ________________________________
Type of Membership: _________________________________

Are you a member of an APA-affiliated State Psychological Association?  Yes            No
State: ______  Type of Membership: _____________________
Membership Number: _________________________________

Have you ever been denied or severed membership in the APA?  Yes              No
If Yes, Explain: ___________________________________________________________

Are you currently licensed as a psychologist?    Yes                No
Are you currently certified as a psychologist?    Yes                No

<table>
<thead>
<tr>
<th>State</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REFERENCE

List one local reference who we may contact about you

Name: __________________________________________________
Mailing Address
Street 1: _________________________________________________
Street 2: _________________________________________________
City: ________________________ State: ____ Postal Code: _______
Telephone: ___________________
In making this application, I subscribe to and support the mission of the Association of the Virgin Islands Psychologists as set forth in its Bylaws as well as the Ethical Principles of Psychologists of the APA. I affirm that the information I have given in this application is honest and correct. I give my permission to the members of the Ethics and Membership committee to verify any information given in this application. I also understand that any information given in this application or obtained through verification will remain confidential to this committee unless given written release by myself.

Signed: _____________________________________________