



JOIN or RENEW STP MEMBERSHIP

Print and complete this form to join or renew membership in the Society for the Teaching of Psychology (STP, APA Division 2)

Please check one: This application is: New Membership OR Renewal

NAME

First name

Middle name (Initial)

Last Name

STP has resources for Early Career Psychologists (ECPs) who are within ten years of beginning teaching of psychology and who are not students. **Are you an ECP?** Yes No

MAILING ADDRESS

City State/Province Zip code Country (if not USA)

E-MAIL

Please pay the lowest dues for which you are eligible.

\$25 Teacher or support staff \$15 Student (post-doc, graduate, or undergraduate) \$15 Retired

Indicate your place(s) of employment: secondary school community college 4-year college/university
 practice industry government military other (specify) _____

For members, associates, or affiliates of APA: Provide your APA membership number, which can be found above your name on the mailing label of any mailing from APA (e.g., the *APA Monitor*); provide the 8 digits appearing between a series of zeroes and a slash:

APA MEMBER # (8 digits): _____

Payment options:

- (a) Renew online using a credit card; visit www.apa.org/divapp.
(b) Draft a check or money order either to **STP** or to **Society for the Teaching of Psychology**.
(c) Complete the credit charge authorization below. **Sorry, we cannot accept email or fax payments**

Please indicate your APA member status:

- Not a member of APA
 APA Member, APA Fellow, or APA Associate
 APA Affiliate: student, TOPSS, PT@CC, International
 Retired (Life Status)

Are you joining STP through a special membership offer initiative? If so, please indicate the source of the initiative through which you are applying.

To pay STP DUES by check:

Make payment to **STP** or **Society for the Teaching of Psychology**.

Mail this form & payment (credit card or check) to:

APA Division Services
750 First Street, NE
Washington, DC 20002-4242

Questions? Call 202-336-6013 or email division@apa.org

To Pay STP Dues by Credit Card:

(You must provide all of the information below.)

Name of person applying for STP membership:

Cardholder name (exactly as it appears on the card):

Cardholder billing street address:

City, State/Province, Zip code, Country (if not USA)

Cardholder daytime phone number (with area code):

Card: American Express MasterCard Visa

Card number:

Expiration date _____ Amount to charge \$ _____

Cardholder signature (original signature is required)
