



## 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)

### To pay by check:

Mail this completed form with your check payable to **APA Division 2** to:

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

Do **NOT** send cash or credit card information.

### To pay by credit card:

Call APA Division Services: **1-800-374-2721** (outside the U.S.: +1-202-336-6013) or Join online at <http://teachpsych.org/join/>

**PLEASE CHECK ONE:** This application is:  **New Membership** OR  **Renewal**

### NAME

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name (or Initial)

\_\_\_\_\_  
Last Name

### MAILING ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal code

\_\_\_\_\_  
Country (if not the United States of America)

### E-MAIL

**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**

**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) \_\_\_\_\_

**Please indicate your APA member status:**

Not a member of APA

APA Member, APA Fellow, or APA Associate

APA Affiliate: Student, International, Professional (includes TOPSS and PT@CC)

APA Life Status

**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 last 8 digits appearing after four zeroes and before a slash:

APA MEMBER # (8 digits): \_\_\_\_\_

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

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