

OTTAWA ACADEMY OF PSYCHOLOGY

Station 'E', P.O. Box 4251

Ottawa, ON K1S 5B3

TEL: 613-235-2529

MEMBERSHIP APPLICATION

Name: _____
Last First Title

Part 1: Eligibility

MEMBERS: Psychologists and Psychological Associates registered with the College of Psychologists of Ontario and residing in the Ottawa region.

*** Please note that the referral service and web-site directory are available only to those who are registered for Autonomous Practice.*

AFFILIATES: Individuals completing a requirement to become a member of the College of Psychologists of Ontario (including graduate students and graduates in Supervised Practice), as well as psychologists in academia.

Affiliates will have access to all communications and events (e.g., mentorship group, bi-annual dinners, social events and continuing education events) but are not eligible for the referral service, the on-line directory of members, and are not eligible to vote on matters related to the Academy.

Eligibility for Affiliate status will be determined by the information you provide below. Let us know if/when your status changes to Autonomous Practice so you can be registered as a full member and receive referrals through our web-site and referral line. If you have any questions about membership, please give us a call at (613) 235-2529 or email us at ottawaacademyofpsychology@gmail.com.

Please indicate what status you are applying for:

Member Affiliate

Annual Fee: MEMBERS = \$110 AFFILIATES = \$55

Fees may be paid through the following options:

1. Online via paypal at <http://www.ottawa-psychologists.org/index.php?page=8>.
2. You can mail a cheque to: Ottawa Academy of Psychology, Station 'E', P.O. Box 4251, Ottawa, Ontario, K1S 5B3. If you choose to pay by cheque, please allow additional time to process your application, as our mail is picked up on a monthly basis prior to our executive meetings.

For those applying for MEMBER status:

Psychologist Psych. Associate

College Registration Number and Date Registered: _____

For those applying for AFFILIATE status:

Educational background / highest degree:

Current work or program of study:

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MEMBERSHIP APPLICATION (Cont'd)

Part 2: Contact Information:

Please note that our web-site will allow only one address to be listed. If you work from more than one location, please indicate the main address associated with your practice.

Office/Work Address: _____

Office Phone No: _____ **Fax No.** _____

E-mail Address (not for publication): _____

*** Note: We use e-mail as our main mode of communication to members. Please be assured that we do not sell our list of e-mail addresses, or include them on the web-site. If you are not able to provide an e-mail address, please let us know at (613) 235-2529.*

Part 3: Web-site Directory / Referral Service

The web-site listing allows members of the public to search for psychologists based on their areas of practice. This service is only available to those who are registered for Autonomous Practice with the College of Psychologists of Ontario.

In order to be listed on the online directory you must agree to the following:

I understand that although reasonable attempts will be made by the Ottawa Academy of Psychology to keep my personal information safe and secure on the website (e.g., password), my use of the Ottawa Academy of Psychology website is done at my own risk and discretion and that the Ottawa Academy of Psychology assumes no liability. I understand that I will be provided with a randomly generated password to help maintain the security of my information, but that I will have the option to change this password should I so choose. I understand that my email address may be shared with a Mediaforce webmaster acting on OAP's behalf.

If you indicate 'yes' below, you acknowledge that you agree to the terms above.

Do you wish to be included in the OAP web-site directory / referral service ? Yes___ No___

Part 4: Interested in Joining the Executive?

We are always looking for members who wish to be on the Executive. Would you like to be contacted about this? Yes___ No___

Signature: _____ **Date:** _____

Please fax your form to: Dr. Lori de Laplante, OAP Membership Coordinator (FAX: 613-236-7818) or scan and email it to her (loridelaplante@hotmail.com) and note your payment method.