



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

Institution	Dates of Attendance	Degree/Date	Major/Dept

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

Location	Position	Institution	Dates Employed

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

State	Expiration Date

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: _____