



Illinois School Psychologists Association

Website: www.ilispa.org

Email: ilispawebmaster@gmail.com

Please send membership renewal payment (check) to:
**Illinois School Psychologists Association
Department 4651
Carol Stream, IL 60122-4651**

Present - September 30, 2021

Membership Renewal/Application

PERSONAL INFORMATION

Renewal or New Member

Name: _____

Contact Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Fax: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____

Employer or University: _____

Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

In what special education cooperative or school district is your employment located? _____

ISPA may make available at an appropriate charge, the full or partial lists of the members to certain carefully selected companies or organizations serving the fields of general and special education. Do you wish to have your name included on such lists during the membership renewal year? Yes No

MEMBERSHIP STATUS

STUDENT - \$40.00

Open to those enrolled half-time or more (minimum six semester hours or equivalent per semester in a program leading to a post-master's certificate in school psychology. The student membership status may be granted for no more than four years (not including the internship), requires annual verification, and is not granted to any person employed full-time. **Must include name of university and advisor contact information for School Psychology Program below.**

INTERN - \$40.00

Open to those enrolled half-time or more (minimum six semester hours or equivalent per semester) in a program leading to a post-master's certificate in school psychology. The Intern membership status may be granted for no more than one year. **Must include contact information for intern supervisor below.**

Institution: _____

Name of Advisor or Intern Supervisor _____

Email: _____ **Phone:** _____

EARLY CAREER MEMBER - \$150.00 (2 years)

This membership category is good for the first two years of regular membership and may be used one time only during your first year as a practicing School Psychologist employed either part-time or full-time. Savings over two years = \$100.

REGULAR - \$125.00 (1 year)

Members in this category must hold a Professional Educator License in School Psychology or its equivalent if from out of state. University trainers of school psychologists, administrators, and others who do not meet this requirement may apply but are subject to review by the Governing Board.

CHECK HERE IF YOU WISH TO ENROLL IN AUTOMATIC RENEWAL OF YOUR REGULAR MEMBERSHIP (Payment of membership fees must be made by credit card)

RETIRED - \$60.00

Anyone who has been a Regular member for at least 5 consecutive years **and** who has retired from remunerative professional activity but may be involved in other paid professional activity less than 15 hours per week.

ASSOCIATE MEMBER - \$100.00

Members in this category may not vote or hold office, but have an interest in the field of school psychology and are **not** certified/licensed school psychologists.

LEAVE OF ABSENCE - \$40.00 (See ISPA Policy Manual for restrictions.) Regular members may apply for leave-of-absence status if appropriate. Please contact the Membership Committee for more information.

Payment Options: Payment in full (payable to ISPA)

Check number: _____

VISA/Mastercard/American Express/Discover

Credit card number

Expiration Date: CVV Number:

You are authorized to charge my credit card for the indicated membership status amount:

Signature _____

Date: _____

If billing name and address are not the same as above (Personal Information), please print:

Billing name: _____

Address: _____

City, State, Zip: _____

PURCHASE ORDERS WILL NOT BE ACCEPTED.

ISPA estimates that 20% of your dues are used for lobbying expenses, which are non-deductible. Check with your personal accountant to determine if remaining ISPA membership dues are deductible.

Would you like to be assigned a mentor? Yes No

Would you like to be a mentor? Yes No

See www.ilispa.org for details regarding the Mentor program

Anticipated Year of Graduation (student members only):

Please provide your IEIN:

This information is now required in order to process CPD credits provided by ISPA toward professional licensure renewal with the Illinois State Board of Education. (Go to <http://www.isbe.net/elis/> to login to your account and locate your IEIN).

Highest Degree Held (Mark one)

- Bachelor's Degree
 Master's Degree
 Specialist Degree
 Doctorate Degree
 Other _____

To better serve your continuing education needs, please list any additional credentials, certifications, and licenses you have.

Primary Position (Mark one)

- School Psychologist
 Supervisor
 Administrator
 Clinical Psychologist
 Counselor
 Educational Diagnostician/ Examiner
 College/University Trainer
 Consultant
 Other _____

Employment Setting (check all that apply)

- Public School
 Private School/Sectarian
 Private School/Non-Sectarian
 Residential Institution
 Private Practice
 State Dept. of Education
 Mental Health Agency
 Preschool
 College/University
 Urban
 Suburban
 Rural
 Other _____

Current Annual Salary

- Under \$10,000
 \$10,000-\$19,999
 \$20,000-\$29,999
 \$30,000-\$39,999
 \$40,000-\$49,999
 \$50,000-\$59,999
 \$60,000-\$69,999
 \$70,000-\$79,999
 \$80,000-\$89,999
 \$90,000 and Over

Years of Experience in School

Psychology

- 1 - 5 16 - 20
 6 - 10 21 - 24
 11 - 15 25+

Psychologist to Student Ratio, 1:

- Less than 1000
 1001 - 1500 3001 - 3500
 1501 - 2000 3501 - 4000
 2001 - 2500 4001 - 4500
 2501 - 3000 4501 +

Are you a member of: NASP (National Association of School Psychologists)?

- Yes No

Do you have NCSP?

- Yes No

Are you:

Bilingual Multilingual

Language(s): _____

Do you possess the ISBE Bilingual Special Education Approval as a Bilingual School Psychologist?

- Yes No

If so, in what language(s)

As a Bilingual School Psychologist, ISPA will be publishing your name in the ISPA Membership Directory.

Personal Demographic Info:

Age: _____

Gender: Male Female
 Non-binary

Race/Ethnicity:

- Hispanic (Mexican-American, Puerto-Rican, etc.)
 White, not Hispanic
 African-American, Black
 Native-American, Indian
 Asian-American or Pacific Islander
 Bi-racial
 Other _____
 Prefer not to answer

Please indicate if you would be interested in joining or learning more about the following ISPA committees and workgroups:

- Budget Planning & Development
 Bylaws/Parliamentary Procedures
 Career Services
 Child and Professional Diversity
 African American Affairs
 Bilingual/Bicultural
 LGBTQ
 Communications
 Convention
 Ethics
 Governmental Affairs
 Membership
 Practitioner of the Year Selection
 Professional Standards
 Technology
 Supporting your Regional Director in creating or publicizing regional events, news, etc.

ISPA sends e-mail alerts to members through the course of the year. Please adjust your e-mail filter to accept them (or ask your district) so that you continue to receive our timely announcements. Also, please be sure to advise of changes to your e-mail address.

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