



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

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.

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.

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

Psychologist to Student Ratio, 1:

- Less than 1000
- 1001 - 1500
- 1501 - 2000
- 2001 - 2500
- 2501 - 3000
- 3001 - 3500
- 3501 - 4000
- 4001 - 4500
- 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 Prefer not to say

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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