



## Division 45

### SOCIETY FOR THE PSYCHOLOGICAL STUDY OF ETHNIC MINORITY ISSUES MEMBERSHIP APPLICATION

In order to assess the interests and needs of new members, we ask you to please print your answers to the following questions:

1. Name: \_\_\_\_\_ Date: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: (\_\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_
3. Highest Degree and Field: \_\_\_\_\_ Date Awarded: \_\_\_\_\_  
Awarding Institution: \_\_\_\_\_
4. Currently an APA Member? \_\_ Yes; \_\_ No If Yes, Membership Number: \_\_\_\_\_  
If yes, Which Member Level?  
\_\_ Member; \_\_ Fellow;  
\_\_ Associate; \_\_ Student Affiliate; or \_\_ Professional Affiliate
5. Current Professional Activities (Check all that apply): \_\_ Teaching; \_\_ Research; \_\_ Clinical;  
\_\_ Administration; \_\_ Other (Specify) \_\_\_\_\_
6. Self Identification (Check all that apply): \_\_ African American/Black; \_\_ American Indian;  
\_\_ Euro-American; \_\_ Asian/Pacific Islander; \_\_ Latino/Hispanic;  
\_\_ Other (Please specify) \_\_\_\_\_
7. What are the two most important issues you would like to see the Division address?  
a) \_\_\_\_\_  
b) \_\_\_\_\_
8. In what member capacity would you like to serve Division 45?  
\_\_ Task Force; \_\_ Committee; \_\_ Elected Office; \_\_ Other (Specify) \_\_\_\_\_
9. Division 45 Membership Status and Dues:  
\_\_ Member (\$57.00 US\$ ); \_\_ Professional Affiliate (\$57.00); \_\_ Student Affiliate (\$25.00)
10. To join, please complete the application form and send it with a check to:

Division 45 Administrative Office  
APA Division Services  
750 First Street, NE  
Washington, DC 20002-4242