



ATHENS AREA PSYCHOLOGICAL ASSOCIATION
P.O. Box 7626, ATHENS, GEORGIA 30604

MEMBERSHIP FORM & DUES STATEMENT

Kindly complete this form with annual dues, payable to "AAPA". You must be a psychologist licensed to practice privately in Georgia for full member status in AAPA. Annual dues are \$35.00 (member) or \$6.00 (student). Please mail form and payment to the above address.

Personal Data

Practice Data

Name: _____ Name: _____

Address: _____ Address: _____

Telephone:(____)_____ Phone: (____)_____

Fax: (____)_____

E-Mail Address: _____

Website: _____

Please circle any information that you do not want to be published in the membership directory.

Private Practice? Yes ____ No ____ What percentage is private practice? _____

Georgia Licensed Psychologist? Yes ____ No ____ License # _____

Georgia Psychological Association Member? Yes ____ No ____

Population Served: _____

Theoretical Orientation: _____

Specialties/Areas of Interest: _____

What type of psychological testing do you do? _____

Do you accept Medicare? _____ Medicaid: Traditional Fee for service _____

Amerigroup _____ Wellcare/Magellan _____

PeachState Health Plan/Cenpatico _____

For what insurance panels are you a provider? _____

Where do you have hospital privileges? _____

Thank you for supporting and participating in AAPA.