



PSYCHOLOGISTS'

ASSOCIATION of ALBERTA

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 F: 780-423-4048 TF F: 1-888-423-4048
 W: www.paa-ab.ca
 E: paa@paa-ab.ca

Membership Application Form

For faster membership application process, you can apply to become a member through our website
<https://psychologistsassociation.ab.ca/memberships/>

Date _____

Personal Information

Title _____ First Name _____ Last Name _____

Date of Birth _____ PAA Member # _____ CAP Permit# _____

Mailing Address

Address 1 _____ Business Phone _____ Ext. _____
 Address 2 _____ Residential Phone _____
 City _____ Cell Phone _____
 Province _____ Fax _____
 Postal Code _____ E-mail _____

Business Address Same as Mailing Address

Address 1 _____ Business Phone _____ Ext. _____
 Address 2 _____ Cell Phone _____
 City _____ Fax _____
 Province _____ E-mail _____
 Postal Code _____ Website _____

Online Directory Permission (You must check this box if you wish to be included in the online directory)

Work Setting (Check all that are applicable)

- | | | |
|--|--|---|
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Universities/Colleges | <input type="checkbox"/> AHS/Covenant Health: Hospital |
| <input type="checkbox"/> Private Agency (non-Gov't): Profit & Non-Profit | <input type="checkbox"/> Schools | <input type="checkbox"/> AHS Community Mental Health |
| <input type="checkbox"/> AB Gov't Social Service Agency | <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Unemployed or retired |
| <input type="checkbox"/> Federal Gov't (other than corrections. e.g. RCMP, FNIH) | <input type="checkbox"/> WCB | <input type="checkbox"/> On Leave (e.g. Parental or sick leave) |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> EAP/EFAP Agency | <input type="checkbox"/> Other Specify _____ |
| <input type="checkbox"/> Primary Care Network/Family Care Clinic, or Shared Care | | |

Volunteer Opportunities

Interested in Volunteering In:

- Edmonton Calgary Other

Specific Volunteer Opportunities

- PAA Committees & Task Forces
 Career Fairs
 School Presentations
 Public Presentations
 Teachers' Conventions
 Science Fairs

Are you a member of CPA? Yes No

Are you a member of APA? Yes No

I am eligible, and interested in, supervision of provisional psychologists. Yes No

Disclaimer: by indicating that you are a member of either of these associations you consent to information sharing for coordination / dual membership purposes

Why would you like to volunteer with PAA?

Membership Information

Title _____ First Name _____ Last Name _____

Date of Birth _____ PAA Member # _____ CAP Permit# _____

Membership Type: _____

Fees

<input type="checkbox"/> Membership Fee	
<input type="checkbox"/> Add Referral Service (Optional)	
<input type="checkbox"/> Add Weblink (Optional - Referral Service Members Only)	
<input type="checkbox"/> Subscription to <i>Psymposium</i> \$50 + <i>gst</i> (online option is complimentary)	
<input type="checkbox"/> Add Donation to PAA Psychological Services Fund	
<input type="checkbox"/> Late Fee for Renewals after 30 April	
Total	

Form Submission

This form may be submitted via fax, email, or mail.

To submit via email save the file to your computer then add it to an email as an attachment to:
paa@paa-ab.ca

Important Information

Privacy Legislation for Marketing

We have previously asked you to provide us with your choice as to whether or not you wished to be placed on the mailing lists for non-PAA communications. If we did not receive a response from you, we automatically assumed that you did not wish to receive external communications. If you indicated that you did want to receive non-PAA communications, we have indicated this on your records in our database.

If you are uncertain as to the choice you have previously selected or wish to change your selection for non-PAA communications, please login to the Members Area of the PAA website to view and update your Member Profile.