



# PSYCHOLOGISTS'

ASSOCIATION of ALBERTA

#101, 1259 - 91st Street SW  
Edmonton, AB T6X 1E9  
T: 780-424-0294  
F: 780-423-4048  
W: [www.paa-ab.ca](http://www.paa-ab.ca)  
E: paa@paa-ab.ca

TF: 1-888-424-0297  
TF F: 1-888-423-4048

## Membership Renewal Form

For immediate processing login and renew your membership online through the Members Area

\*Ensure your contact information is up-to-date by logging in to the Members Area and updating your profile\*

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)

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

### 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?

## Renewal 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	
<b>Total:</b>	

### 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.