

**Division of Independent Professional Practice**

North Carolina Psychological Association

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**Membership Application**

**About the Division of Professional Practice**

The Division of Professional Practice was established in 1983 as the NC Association for the Advancement of Psychology and became a Division of NCPA in 1989. The Division’s primary purpose is to promote and enhance the professional practice of psychology in private and public settings and encourage excellence in the field of psychology. Membership is open to any NCPA member who is also **licensed by the NC Psychology Board**.

Division activities include: advocacy for mental health benefits and psychological services in third party payment, mental health parity, continued work on the State Health Plan, HIPAA implementation, Referral Services, a Membership Directory, support for essential staff positions, services of the Director of Professional Affairs, an annual practice conference, the *Insurance Updates* and regular features in *The North Carolina Psychologist*.

Ms. Mr. Dr. (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_ I am applying for membership in the NCPA Division of Professional Practice. I am a member in good standing of the North Carolina Psychological Association and licensed by the NC Psychology Board.

Present Position: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Practice or Agency: \_\_\_\_\_

**Dues (January 1 – June 30)**

- \$155/year over \$35,000 income                      \$92.50/year under \$35,000 income

- **Early Career Psychologists (graduated 2012 – present)**

2018/2019 – Free    2017 - \$45    2016- \$55    2015- \$70    2014 - \$75    2013 - \$85    2012 - \$90

Note: Please Include Dues Payment – Check (Payable to DIPP); For payment by credit card (Visa or MasterCard) complete below

Name as it appears on card: \_\_\_\_\_

Card #: \_\_\_\_\_ CVC #: \_\_\_\_\_ Exp: \_\_\_\_\_  
Important – 3 digit # back of card

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only: Date Received: \_\_\_\_\_ Check or CC: \_\_\_\_\_ Payment Processed On: \_\_\_\_\_