



**Illinois School Psychologists Association**  
 Website: [www.ilsipa.org](http://www.ilsipa.org) e-mail: [ilsipa@comcast.net](mailto:ilsipa@comcast.net)

Please send membership renewal payment (check) to:  
**Illinois School Psychologists Association**  
**Department 4651**  
**Carol Stream, IL 60122-4651**

**Membership Renewal/Application**

**PERSONAL INFORMATION**

Renewal      or       New Member

Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer or University: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

*ISPA may make available at an appropriate charge, the full or partial lists of the members to certain carefully selected companies or organizations serving the fields of general and special education. Do you wish to have your name included on such lists during the membership renewal year?  Yes  No*

**Payment Options: Payment in full (payable to ISPA)**

Check number: \_\_\_\_\_

VISA/Mastercard/American Express/Discover  
 Credit card number

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Expiration Date: \_\_\_\_|\_\_\_\_|\_\_\_\_|      CVV Number: \_\_\_\_|\_\_\_\_|\_\_\_\_|

You are authorized to charge my credit card for the indicated membership status amount:

Signature \_\_\_\_\_

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

If billing name and address are not the same as above (Personal Information), please print:

Billing name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**PURCHASE ORDERS WILL NOT BE ACCEPTED.**

**ISPA estimates that 20% of your dues are used for lobbying expenses, which are non-deductible. Check with your personal accountant to determine if remaining ISPA membership dues are deductible.**

**Present - September 30, 2020**

**MEMBERSHIP STATUS**

**STUDENT - \$40.00**

Open to those enrolled half-time or more (minimum six semester hours or equivalent per semester in a program leading to a post-master's certificate in school psychology. The student membership status may be granted for no more than four years (not including the internship), requires annual verification, and is not granted to any person employed full-time. **Must include name of university and advisor contact information for School Psychology Program below.**

**INTERN - \$40.00**

Open to those enrolled half-time or more (minimum six semester hours or equivalent per semester) in a program leading to a post-master's certificate in school psychology. The Intern membership status may be granted for no more than one year. **Must include contact information for intern supervisor below.**

**Institution:** \_\_\_\_\_

**Name of Advisor or Intern Supervisor** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**EARLY CAREER MEMBER - \$150.00 (2 years)**

This membership category is good for the first two years of regular membership and may be used one time only during your first year as a practicing School Psychologist employed either part-time or full-time. **Savings over two years = \$100.**

**REGULAR - \$125.00 (1 year)**

Members in this category must hold a Professional Educator License in School Psychology or its equivalent if from out of state. University trainers of school psychologists, administrators, and others who do not meet this requirement may apply but are subject to review by the Governing Board.

**CHECK HERE IF YOU WISH TO ENROLL IN AUTOMATIC RENEWAL OF YOUR REGULAR MEMBERSHIP (Payment of membership fees must be made by credit card) If you chose this option, your name will be entered into a raffle for a gift card. Five \$100 gift cards will be awarded.**

**RETIRED - \$60.00**

Anyone who has been a Regular member for at least 5 consecutive years and who has retired from remunerative professional activity but may be involved in other paid professional activity less than 15 hours per week.

**ASSOCIATE MEMBER - \$100.00**

Members in this category may not vote or hold office, but have an interest in the field of school psychology and are not certified/licensed school psychologists.

**LEAVE OF ABSENCE - \$40.00** (See ISPA Policy Manual for restrictions.) Regular members may apply for leave-of-absence status if appropriate. Please contact the Membership Committee for more information.

In order to reduce paper waste, ISPA will not send you a hard copy of the SPII Newsletters unless you indicate by checking here that you would like us to do so.

Membership cards will no longer be mailed.

In what special education cooperative or school district is your employment located?

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Would you like to be assigned a mentor?  Yes  No

Would you like to be a mentor?  Yes  No

**Student Members Only**  
Year of Graduation:

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Highest Degree Held (Mark one)

- Bachelor's Degree  
 Master's Degree  
 Specialist Degree  
 Doctorate Degree  
 Other \_\_\_\_\_

To better serve your continuing education needs, please list any additional credentials, certifications, and licenses you have.

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Primary Position (Mark one)

- School Psychologist  
 Supervisor  
 Administrator  
 Clinical Psychologist  
 Counselor  
 Educational Diagnostician/ Examiner  
 College/University Trainer  
 Consultant  
 Other \_\_\_\_\_

Employment Setting (check all that apply)

- Public School  
 Private School/Sectarian  
 Private School/Non-Sectarian  
 Residential Institution  
 Private Practice  
 State Dept. of Education  
 Mental Health Agency  
 Preschool  
 College/University  
 Urban  
 Suburban  
 Rural  
 Other \_\_\_\_\_

Please provide your IEIN:

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This information is now required in order to process CPD credits provided by ISPA toward professional licensure renewal with the Illinois State Board of Education. (Go to <http://www.isbe.net/elis/> to login to your account and locate your IEIN).

Current Annual Salary

- Under \$10,000  
 \$10,000-\$19,999  
 \$20,000-\$29,999  
 \$30,000-\$39,999  
 \$40,000-\$49,999  
 \$50,000-\$59,999  
 \$60,000-\$69,999  
 \$70,000-\$79,999  
 \$80,000-\$89,999  
 \$90,000 and Over

Years of Experience in School Psychology

- 1 - 5  16 - 20  
 6 - 10  21 - 24  
 11 - 15  25+

Psychologist to Student Ratio, 1:

- Less than 1000  
 1001 - 1500  3001 - 3500  
 1501 - 2000  3501 - 4000  
 2001 - 2500  4001 - 4500  
 2501 - 3000  4501 +

Are you a member of: NASP (National Association of School Psychologists)?

- Yes  No

DO you have NCSP?

- Yes  No

Are you

Bilingual  Multilingual

Language(s): \_\_\_\_\_

Do you possess the ISBE Bilingual Special Education Approval as a Bilingual School Psychologist?

- Yes  No

If so, in what language(s)

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As a Bilingual School Psychologist, ISPA will be publishing your name in the ISPA Membership Directory.

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Age: \_\_\_\_\_

Gender  Male  Female

Race/Ethnicity:

- Hispanic (Mexican-American, Puerto-Rican, etc.)  
 White, not Hispanic  
 African-American, Black  
 Native-American, Indian  
 Asian-American or Pacific Islander  
 Bi-racial  
 Other \_\_\_\_\_  
 Prefer not to answer

Please indicate if you would be interested in joining or learning more about the following ISPA committees and workgroups:

- Budget Planning & Development  
 Bylaws/Parliamentary Procedures  
 Career Services  
 Child and Professional Diversity  
 African American Affairs  
 Bilingual/Bicultural  
 LGBTQ  
 Communications  
 Convention  
 Ethics  
 Governmental Affairs  
 Membership  
 Practitioner of the Year Selection  
 Professional Standards  
 Technology  
 Supporting your Regional Director in creating or publicizing regional events, news, etc.

*ISPA sends e-mail alerts to members through the course of the year. Please adjust your e-mail filter to accept them (or ask your district) so that you continue to receive our timely announcements. Also, please be sure to advise of changes to your e-mail address.*

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e-mail: [ilispa@comcast.net](mailto:ilispa@comcast.net)

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