

The Psychological Association of Northeastern New York, Inc.
Member Information and Renewal Form

Please return this form to

Dr. Alicia Harlow
PANNY Treasurer
116 3rd St.
Troy, NY 12180

Name: _____ **Degree:** _____

Amount enclosed: _____

(\$50.00 members/associates/affiliates, no charge for student affiliates)

Membership Status: Member Associate Affiliate Student

Certification: NY State Licensed School Certified CRC CASAC
 Other _____ ABPP (specialty) _____

E-mail address (PLEASE include so we can verify our records) _____

Are you currently a NYSPA Member (NYSPA Membership is not required)?: YES NO

_____ **Check here if all your information is the same as last year.**
Complete the following only if your information has changed.

A. Home address:

Street _____
City _____ Zip _____
Tel. _____ Fax _____
Email _____

Address for PANNY mailings and Email:

___ A ___ B ___ C

B. Office address #1:

Street _____
City _____ Zip _____
Tel. _____ Fax _____
Email _____

Address(es) for your Directory listing

– up to 2 (rank “1”, “2” in the order you would like listed):

___ A ___ B ___ C

C. Office address #2:

Street _____
City _____ Zip _____
Tel. _____ Fax _____
Email _____