

Membership Application

APA Division 10

The Society for the Psychology of Aesthetics, Creativity, and the Arts

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Country: _____

Work Phone: _____ Home Phone: _____

Email: _____

Please check the desired Division Ten membership status:

Member (\$27.00) Student Affiliate (\$15.00)
 Member-At-Large (\$27.00) Dues exempt (\$20.00)
 Associate (\$27.00)

Please check your current APA membership status:

Fellow Member
 Associate Student
 None

Were you referred by a Division Ten Member? If so, whom? _____

Please provide a brief statement about your area of interest:

Method of payment: Check MasterCard Visa

If paying by credit card:

Name as it appears on card: _____

Card number: _____ Expiration date: _____

Signature: _____

Billing address: _____

Phone number: _____

Amount Enclosed (based on Division Ten Membership Status) \$ _____

Signature _____ Date _____

Please mail your completed application form to:

Division Ten Administrative Office - APA

750 First Street, N. E.

Washington, D.C. 20002-4242

Questions about Division Ten membership may be sent to the above address, or through telephone (202/336-6013) or fax (202/218-3599).