

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 10 membership status:

- Member – for APA Members, Associates or Fellows (\$27.00)
 Dues exempt – for APA Life Status members (\$20.00)
 Professional Affiliate – for non APA members (\$27.00)
 Student Affiliate – for all students whether APA student affiliates or not (\$15.00)

Please check your current APA membership status:

Fellow Member Associate Student None

Were you referred by a Division 10 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 to be charged (\$ based on Division 10 membership grade) _____
Signature _____ Date _____

Please mail your completed application form to: Division 10 Administrative Office – APA,
750 First Street, N. E., Washington, D.C. 20002-4242

Questions about Division 10 membership may be sent to the above address, or through
telephone (202/336-6013) or fax (202/218-3599).