

Bergen County Psychological Association (BCPA)

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BCPA Membership Application and Dues Renewal Form

What do BCPA members receive for their dues?

1. NETWORKING opportunities: meet your colleagues in friendly, educational settings, and let others know what you do and hope to do
2. EDUCATIONAL opportunities: learn about developments in clinical practice
3. FREE programs and refreshments for BCPA members
4. CONTINUING EDUCATION CREDITS available at low cost for members
5. AFFILIATION with NJPA and APA: BCPA is an affiliate of NJPA and is represented on the Executive Board of NJPA. Learn about what is happening on the state level, and make yourself heard
6. PARTICIPATION as a volunteer with BCPA's Board of Directors or BCPA Committees
7. INCLUSION in BCPA Online Membership Directory
8. Join professional community in LISTSERV
9. STUDENT MEMBERSHIP is available

Membership Fee:

Regular Member = \$50.00

Student Member = \$10.00

- All student members are required to submit communication on letterhead from your Department Chair, stating that you are in good standing and indicating the degree you are pursuing

Application:

Please mail these forms completed with a check or money order, made payable to Bergen County Psychological Association, to:

Bergen County Psychological Association
c/o Anne Farrar-Anton, Ph.D.
130 West Pleasant Avenue, #190
Maywood, NJ 07607

Membership Information

(All information listed here, except home information, will be posted in the BCPA membership directory and posted on the website [if you are an NJPA member].

Name: _____

Highest Academic Degree: _____ Year: _____

Granting Institution: _____

Home Mailing Address (Including Zip Code): _____

Main Office Address (Including Zip Code): _____

Home Telephone: _____ Office Telephone: _____

Fax: _____ E-Mail: _____

Send Mail to: _____ Home _____ Office

Present Position: _____

Employer: _____

Is this a private practice? _____ Yes _____ No

Have you held prior membership in BCPA or BCALP: _____ Yes _____ No

Are you a current member of : _____ American Psychological Association

_____ New Jersey Psychological Association

Are you a licensed Psychologist?

_____ Yes, I am licensed in the following states (license no.): _____

_____ No, I am a permit holder in the following states: _____

_____ No, I am a student: _____

_____ No, Other: _____

ADDITIONAL DIRECTORY INFORMATION:

List your primary areas of specialization and/or therapeutic orientation (up to 5 items) (e.g., stress/depression, women's issues, biofeedback, psychodynamic psychotherapy)

Indicate patient populations (check as many that apply):

_____	Preschool	_____	Children
_____	Adolescents	_____	Adults
_____	Geriatric	_____	Couples
_____	Families	_____	Gay/Lesbian

If you offer any therapy groups, please indicate population and theme/orientation:

If you offer psychodiagnostics, indicate for whom (preschool, child, teen, adult):

Foreign language or Sign language proficiency: _____

Note: You have sufficient fluency to conduct treatment using this language

List managed care and insurance companies you accept:

Do you accept? _____ Medicaid _____ Medicare

Do you offer services on a sliding scale? _____ Do you provide home visits? _____

Is your office wheelchair accessible? _____

Do you have a website? _____ If yes, what is web address? _____

INFORMATION REGARDING BCPA PARTICIPATION

I would be interested in joining the following BCPA committees:

_____	Bylaws Committee	_____	Membership Committee
_____	Nominating Committee	_____	Program Committee
_____	Technology Committee	_____	Community Outreach Committee

Suggested topics for future BCPA meetings:

I would be interested in doing a presentation at a BCPA meeting in the following area:

CONSENT FOR USE OF NAME/PICTURE FOR BCPA

I hereby agree for BCPA to publish my professional information (i.e., practice location, practice specialty) on the website as well as photographs/electronic media taken at BCPA meetings and events.

❖ In terms of the BCPA website – only NJPA members will be listed.

_____ I agree, please include my information

_____ I don't agree, please don't use my name or information within the BCPA website

Signature of BCPA Member

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