



Washington State Psychological Association
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MEMBERSHIP RENEWAL OF RETIRED STATUS

Retired status must be renewed each year. Please complete this form and mail it in to us at the office.

Date of Birth: _____

If you are not yet 65, are you receiving Social Security or other retirement program benefits? Yes____ No____ (Please attach proof)

Are you a previous Full Member of WSPA: _____

I verify that I work less than 10 paid hours per week.*

Print Name

Signature

DATE: _____/_____/_____

*Please note that this category is not for members in part time practice.