



# Society for Occupational Health Psychology

## Charter Membership Application

TODAY'S DATE: Month/Day/Year

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LAST NAME / SURNAME / FAMILY NAME:

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FIRST NAME / GIVEN NAME:

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ADDRESS LINE 1:

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CITY:

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STATE / PROVINCE

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ZIP / POSTAL CODE

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COUNTRY:

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E-MAIL ADDRESS:

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1. Highest degree completed?

Bachelor's

Master's

Ph.D.

Other:

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2. Which university granted your highest degree?

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3. What year did you obtain your highest degree?

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4. Are you currently enrolled in an OHP related graduate program?  Yes  No

5. What type of membership status would you like to apply for?

Regular Charter membership (Full Member) \$80 USD

Professional Charter membership (Professional Member) \$80 USD

Student Charter membership (Student Affiliate) \$50 USD

Payment Information Choose one:

Check: Check No. \_\_\_\_\_ Amount (USD) \$ \_\_\_\_\_

Make check payable to the *PSU Foundation* and indicate *SOHP* in the memo section of the check.

Credit Card:  MC  VISA  Discover  American Express Amount (USD) \$ \_\_\_\_\_

Card No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date (Mo/Yr) \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

Please mail your membership application with payment for your dues to Leslie Hammer at the address below.

**Leslie Hammer, Ph.D.**  
**Professor of Psychology**  
**P.O. Box 751**  
**Portland State University**  
**Portland, OR 97201**