



# Society for Occupational Health Psychology 2010 Membership Application

Applications received from 1<sup>st</sup> January - 31<sup>st</sup> July will be processed for the current calendar year. Applications received from 1<sup>st</sup> August - 31<sup>st</sup> December will be processed for the following calendar year.

TODAY'S DATE (Month/Day/Year): \_\_\_\_\_  
LAST NAME / SURNAME / FAMILY NAME: \_\_\_\_\_  
FIRST NAME / GIVEN NAME: \_\_\_\_\_  
ADDRESS LINE 1: \_\_\_\_\_  
ADDRESS LINE 2: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

1. Highest degree completed?  Bachelor's  Master's  Ph.D.  Other: \_\_\_\_\_
2. Which university granted your highest degree? \_\_\_\_\_
3. What year did you obtain your highest degree? \_\_\_\_\_
4. Are you currently enrolled in an OHP related graduate program?  Yes  No

Check the membership status you would like to apply for. [Eligibility and benefits of membership are described on the SOHP website ([www.sohp-online.org](http://www.sohp-online.org)) Address any questions to the SOHP Membership Chair: [mwang@psyc.umd.edu](mailto:mwang@psyc.umd.edu) ]

- Full Member \$55 USD
- Professional Member \$55 USD
- Student Affiliate \$25 USD
- International Affiliate Member\* \$45 USD  
\*This option only available to Full & Associate Members of EA-OHP
- International Student Affiliate\*\* \$20 USD  
\*\*This option only available to Student Affiliate Members of EA-OHP

**Payment Information**

Check: Check No. \_\_\_\_\_ [Make check payable to *SOHP*] Amount (USD) \$ \_\_\_\_\_

Credit Card:  MC  VISA Card No.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Exp. Date (Mo/Yr) \_\_\_\_ / \_\_\_\_ 3 digit security code (CCV#) on the back of your card \_\_\_\_

Payment by credit card requires billing address verification. Please provide your complete billing address here:  
ADDRESS LINE 1: \_\_\_\_\_  
ADDRESS LINE 2: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
Signature: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please mail this form with dues payment to the SOHP Membership Chair at the address below:

Attn: Prof. Mo Wang  
Membership Chair, SOHP  
Department of Psychology  
University of Maryland  
College Park, MD 20742