**CSPA ACADEMIC MEMBERSHIP FORM**

**Academic Members** are individuals with a master's or doctoral degree from an accredited institution working as professors and/or researchers in a field related to sport psychology (e.g., exercise and sport science, kinesiology, psychology, counseling). They are not a Professional, Associate, Student, or Retired CSPA Member. They pay an annual fee but are not required to carry liability insurance, as they are non-practicing members outside of their academic responsibilities. Please complete the following:

1. **Academic Member Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: | |  | | |  | First Name: |  |
| Institution/Affiliation: | | | |  | | | |
| Department: | |  | | | | | |
| Email: |  | | | | | | |
| Work Phone: | | |  | |  | Cell Phone: |  |

|  |  |
| --- | --- |
| Occupation:  *(please check or highlight all applicable boxes):* | * Professor/Instructor * Consultant * Registered psychologist * Researcher * Counsellor * Administrator * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Highest degree completed: |  |
| Date: |  |
| Discipline: |  |
| Institution: |  |

1. **Purpose of Membership**

Please let us know why you are applying for academic membership.

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**C. Additional information**

Please attach a copy of your most recent CV to the form.

**Applicant Signature**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature (or type name): |  |  | Date: |  |

**Please complete the above form, attach your CV and email to Connor Primeau, Chair of the Membership Committee at** [**connorprimeau.mpc@gmail.com**](mailto:connorprimeau.mpc@gmail.com)

**Submit your annual Academic Membership Fee of $50.00 at**

<https://www.cspa-acps.com/product-page/cspa-academic-membership-fee>