**CANADIAN SPORT PSYCHOLOGY ASSOCIATION**

**STUDENT MEMBERSHIP APPLICATION FORM**

**A. Identification:**

|  |  |
| --- | --- |
| Last Name: |  |
| First Name: |  |
| Gender: | Male Female |
| E-mail: |  |
| Address: |  |
|  |
| City:  | Province: | Postal Code: |
| Phone: |  |

**B. Educational Program:**

|  |
| --- |
| Academic Institution: |
| Academic Program Description *(department, degree type etc.)*:  |
| Expected completion date: |
| Does your program have an internship? Yes No  |
| Name of Internship Supervisor: |

**Please complete the above form and email to** **connor****primeau.mpc@gmail.com**

**Submit your annual student fee of $40.00 at**

<https://www.cspa-acps.com/product-page/student-application-fee>

*Upon receipt of application and payment, your student membership will be activated and you will be listed on the CSPA website.*