

Membership Application Form

Please complete all areas of this form and email to psychologicalsocietyyukon@gmail.com (including appropriate fee – details in form)

Applicant Informatio	n	
Date:		
First Name:	Last Name:	Preferred Pronouns:
Email:		
Date of Birth:		
Home Phone:		
Home Mailing Address (p	lease include postal code):	
Work Mailing address (ple	ease include postal code):	
Preferred address for Con	nmunication for phone/email,	/mail (please circle): HOME or WORK
Registration Informa	tion	
Regulatory College:		Registration Number:
Additional College:		Registration Number:
Additional College:		Registration Number:
Additional College:		Registration Number:
Membership in Othe Are you a member of the Yes	r Associations Canadian Psychological Assoc No	ciation (CPA)? (please circle): Prefer not to say
105	110	

Are you a member of any other professional associations (please circle):

Yes No Prefer not to say

List Association(s):				
(/ _				

Please Check (mandatory):

• I agree that by indicating I am a member of any of these associations, that I am consenting to information sharing for coordination/dual member.

Consents Required for Membership

- In making this application, I will subscribe and will support the objectives of the Psychological Society of Yukon and to the Canadian Code of Ethics
- I acknowledge that the Psychological Society of Yukon collects my personal information for specific requirements and functions related to my membership
- o I understand that my name and area of practice will be listed on the PSY website

Information for the PSY Website

Area(s) of Practice (e.g. Clinical Psychology, Neuropsychology, School Psychology):

Indicate if you are accepting new clients:

- Accepting new clients
- Accepting new clients, has a waitlist
- Not accepting new clients at this time

Contact Phone Number (xxx)xxx-xxxx. Put N/A if you do not wish it to be listed:

Contact Email. Put N/A if you do not wish it to be listed: ______

Contact Website. Put N/A if you do not wish it to be listed: ______

Service(s) offered (please check):

- In person (office located in Whitehorse)
- In person (regular travel to Whitehorse)
- In person (office located in the communities)
- In person (regular travel to the communities)
- o Remotely via telehealth
- None at this time

Membership Categories

Membership Year runs September 1 to August 31. Requests for membership in July will be put towards the upcoming year. Pro-rated fees are offered for requests made April to June

Select the membership category and e-transfer correct amount to: **psychologicalsocietyyukon@gmail.com** *Please indicate on your e-transfer the applicant's name and membership category. Credit card payments are currently unavailable.*

- Regular Member \$165.00
 - Open to registered psychologists in good standing who are residents of Yukon with an active license to practice within Canada
- Provisional Member \$100.00
 - Open to registered provisional psychologists in good standing who are residents of Yukon with an active license to practice within Canada
- Out-of-Territory Member \$195.00
 - Open to registered psychologists in good standing who are not residents of Yukon with an active license to practice within Canada
- Retired Member \$100.00
 - Open to registered psychologists in good standing who are retired from their college which they are registered and who are residents of Yukon
- *Maternity/Paternity Member \$100.00*
 - Open to registered psychologists in good standing who are on maternity/paternity leave from their college with which they are registered and who are residents of Yukon

Pro-rated rates when applying after April 1, 2025:

- Regular Member \$100.00
- o Provisional Member \$60.00
- Out-of-Territory \$120.00
- o Retired Member \$60.00
- Maternity/Paternity Member \$60.00

Additional Information:

Thank you for your membership application.

Upon approval, a receipt and membership number will be issued or renewed.