

I, the undersigned, hereby join the Danish Psychological Association:

(Please check where applicable)	MSc in Psychology	MA	Master in Educational Psychology	Year of graduation (date and year)
Master's member				

Non-Danish degree (please specify): _____

I am enrolled as a student in:

(Please check where applicable)	MSc in Psychology	Master in Educational Psychology	Name of university	Start date
Student member				

Please enclose documentation such as a copy of a Master's diploma, certification of a non-Danish degree, confirmed enrollment or identification card as a student in the psychology program. (Please note that a non-Danish diploma must be approved by Cirius before you can be admitted to the Association).

Last name: _____

First name(s): _____

Home address: _____

Postal code: _____ City: _____

Home telephone no: _____ Social security no: _____

E-mail address: _____

Have you previously been a member of the Danish Psychological Association: Yes: _____
No: _____

If you are a student, do not fill in the remaining section, but please sign at the bottom.

Are you unemployed: Yes: _____ No: _____

Do you have another degree?

Please indicate if you are a member of another organization with negotiating rights for your position, and state which one:

(enclose documentation)

Principal occupation:

Date of employment:

Employment authority:

Place of employment: _____

Department: _____

Address:

—

Postal code: _____ City: _____ Tel.no.: _____ Extension:

Position:

	Collective agreement	Public servant	Private-sector employee	Private practice	On hourly pay	Other
Employment status (Please check)						
Number of hours/week						

	Years of service (specify the date)	Pay scale (indicate level)	Any pay supplements (indicate amount in DKK)
Employed under a collective agreement			

	Status level on scale (indicate no.)	Any pay supplements (indicate amount in DKK)
Employed as a public servant		

Secondary Occupation:

Date of Employment: _____ Employment Authority:

Place of employment: _____

Department: _____

Address:

—

Postal code: _____ City: _____ Tel.no.: _____ Extension:

Position: _____

	Collective agreement	Public servant	Private-sector employee	Private practice	On hourly pay	Other
Employment status (Please check)						
Number of hours/week						

For additional places of employment, please specify using the same information as above.

Date: _____ 200_ Signature: _____

Please send to:

The Danish Psychological Association , Stockholmsgade 27, 2100 København Ø