



Arizona Association of School Psychologists

1800 E. Ray Rd., STE A106, Chandler, AZ 85225
P: 602-992-0554 • F: 480-935-5270 • www.aasp-az.org

MEMBERSHIP RENEWAL VERIFICATION FORM: JULY 1, 2024 – JUNE 30, 2025

Thank you for renewing your membership with AASP.

This form is to be used for student membership renewals.
You must also renew and pay renewal dues [here](#).

This completed form can be emailed to admin@aasp-az.org
or faxed to 480-935-5270.

Name of Student: _____

Student members must have a university advisor or internship supervisor complete the following:

I verify that the person named above is enrolled in a school psychology training program at least half-time (at least six semester hours), or its equivalent per semester.

**Students in their internship year (e.g., 1-5 semester hours for the internship year) also qualify.*

Signature of Advisor/Professor: _____

Date: _____

Institution: _____

Once completed form is received, membership will be reviewed.

You will receive an email notification upon approval.

Please contact Administration with any questions at admin@aasp-az.org or 602-992-0554.