**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 memberships@cspa-acps.com**

**Submit your annual student fee of $75.00 at** [**https://www.cspa-acps.com/product-page/cspa-student-membership-renewal**](https://www.cspa-acps.com/product-page/cspa-student-membership-renewal)

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