

**Society of Zambezi Psychology (SZP)
A Better Psychology**

Email: societyofzambezippsychology@gmail.com

2020 Membership Application Form

Name/ Organisation:
Physical Address:
Phone:
E-mail (Required)....
Professional Qualifications:

Please indicate the membership type being applied for below:

Full Member (Higher degree held)	Proposed subscription per year	\$20
Intern (Graduate on internship)	Proposed subscription per year	\$10
Student(Undergraduate)	Proposed subscription per year	\$5
Organisational Affiliation Fee	Proposed subscription per year	\$120

Area of Specialisation(Tick the applicable)

- a. Child Psychologist
- b. Cognitive Psychologist
- c. Counselling Psychologist
- d. Community Psychologist
- e. Clinical Psychologist
- f. Educational Psychologist
- g. Forensic Psychologist
- h. Health Psychologist
- i. Neuro-Psychologist
- j. Occupational Psychologist
- k. Research Psychologist
- l. Sport Psychologist
- m. Other

For other kindly write qualification here.....

Signature of Applicant:

Date:

Submit a completed application form together with scanned copies of professional qualifications as ONE pdf document to: societyofzambezippsychology@gmail.com