

ACPSS Membership Form

Use this form to apply for ACPSS membership, to renew your ACPSS membership, or to update your ACPSS member profile. You can either complete this form online at <https://tinyurl.com/y8j284t9> or you can download this Form from our website at www.acpsus.org. Please contact Dr. Xiaojia Hou at xiaojia.hou@sjsu.edu for questions regarding membership registration and fees.

Membership fees:

- One-year membership: \$50
- Two-year membership: \$80
- Three-year membership: \$100
- Five-year membership: \$150
- Life-time membership: \$300 (best value)

Please fill in the information below as completely as possible:

First Name *

Last Name *

Membership Status *

Life One year Two year Three year Five year

Membership Due (MM/DD/YYYY)

Institution Affiliation *

Title *

Degree Granted University *

Degree Granted Date * (MM/DD/YYYY)

Street Address 1 *

Street Address 2 (optional)

City * State * Zip Code *

Office Phone *

Cell Phone *

Home Phone (optional)

Email *