



THE CHRISTIAN ASSOCIATION FOR PSYCHOLOGICAL STUDIES  
PEPPERDINE UNIVERSITY CHAPTER

2008-09 MEMBERSHIP APPLICATION & RENEWAL FORM

MEMBER INFORMATION

FULL NAME

(Please Print)

\_\_\_\_\_

Last

First

Middle Initial

Sex

Male  Female

MAILING ADDRESS

\_\_\_\_\_

Street/PO Box

Apt #

Application Renewal?

Yes  No

\_\_\_\_\_

City

State

Zip Code

CAPS National Member?

Yes  No

PHONE NUMBER(S)

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Residence

Cell

Use info for our directory?

Yes  No

EMAIL ADDRESS

\_\_\_\_\_@\_\_\_\_\_

GSEP PROGRAM

MA

MFT

PsyD

ALUMNI  Yes

Seaver College  Yes

PROGRAM LEVEL (Example: "3<sup>rd</sup> semester") OR POSITION (e.g., faculty, staff) \_\_\_\_\_

STUDENT / STAFF / FACULTY INFORMATION

BEST DAYS/TIMES

Mon

Tue

Wed

Thu

Fri

Sat

FOR MEETINGS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEGREE(S) EARNED

Bachelors

Masters

Doctoral

Field(s) \_\_\_\_\_

ADDITIONAL QUESTIONS

RESEARCH/CLINICAL INTERESTS \_\_\_\_\_

\_\_\_\_\_

SHOULD WE CONTACT YOU FOR RESEARCH/CLINICAL OPPORTUNITIES? (should they arise)  Yes  No

CLINICAL EXPERIENCE / INTERESTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Mentor program with Seaver undergraduate students
- Work on obtaining practicum sites that focus on integration
- Other, please describe below:

I'd like to help out or serve in a leadership capacity with the Pepperdine Chapter in the following way(s):

**PEPPERDINE CHAPTER MEMBERSHIP DUES**

Our CAPS Pepperdine chapter membership dues are \$10 per year. These dues are separate from the CAPS national membership & dues (see [www.caps.net](http://www.caps.net) for CAPS application). Please submit your payment with this application to Dr. Kathleen Eldridge ([keldridge@pepperdine.edu](mailto:keldridge@pepperdine.edu)) or Dr. Susan Hall ([shall@pepperdine.edu](mailto:shall@pepperdine.edu)), our groups' faculty co-sponsors, by intercampus mail to them at the GSEP-MAL campus, or by snail mail to them at Pepperdine University, Graduate School of Education and Psychology, 24255 Pacific Coast Hwy, Malibu, CA 90263-4608.

**PAYMENT AMOUNT:**

\$10

**PAYMENT TYPE:**

Cash

Check # \_\_\_\_\_ (to: CAPS – Pepperdine Chapter)

**STATEMENT OF FAITH**

The basis of The Christian Association for Psychological Studies is belief in: God the Father, who creates and sustains us, Jesus Christ, the Son, who redeems and rules us, the Holy Spirit, who guides us personally through God's inspired Word, the Bible, our infallible guide of faith and conduct, and through the communion of Christians.

**As a member of a CAPS group, I agree with and accept the CAPS Statement of Faith and agree to comply with all the terms and conditions outlined by CAPS, CAPS West and the Pepperdine University Chapter of CAPS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name