



Society for  
**Clinical  
Neuropsychology**  
Division 40 of the  
American Psychological Association

## Membership Application

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code Country

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

E-Mail: \_\_\_\_\_

APA Membership Number (if applicable): \_\_\_\_\_

Check **ONE** box that describes your current membership status in APA and/or desired type of membership in our division:

- Fellow (\$34)  
 Member (\$34)  
 Reduced membership fee for individuals in their first two years post-degree (\$20)

Associate (\$34)

Affiliate (select one below):

- Student Affiliate (\$5)  
 High School Teacher Affiliate (\$5)  
 International Affiliate (\$5)  
 Professional Affiliate [qualified to join APA as a Member or Associate but no APA membership] (\$34)

Signature: \_\_\_\_\_

Please enclose your completed application with a \$34 check payable to the **Society for Clinical Neuropsychology, APA** if you are a Fellow, Member, Associate, or Professional Affiliate. Enclose a \$20 check if you are seeking our reduced membership for individuals in their first two years post-degree. Enclose a \$5 check if you are a Student, High School Teacher, or International Affiliate. The fees will be applied to your first year's membership with the Society for Clinical Neuropsychology. Afterward, you will be billed annually by APA.

**Mail your completed application and payment to:**

Society for Clinical Neuropsychology Administrative Office  
C/O Division Services  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242