

Colorado

Neuropsychological

Society

APPLICATION FOR MEMBERSHIP

(Please print or type)

Name: _____ **Degree:** _____

Position: _____ **License (State#):** _____

Work Address: _____

Phone: _____

Work Address: _____

Phone: _____

Education/Training (School/Facility & Year Completed)

Undergraduate: _____

Year Graduated: _____

Graduate: _____

Year Graduated: _____

Internship: _____

Year Graduated: _____

Post-Doc: _____

Year Graduated: _____

Professional Organizations: _____

Professional Interests: _____

Member Category: Check One (Read the criteria outlined under each category to determine your appropriate membership)

Full Member **\$50** _____

- a) Education, training, and experience at or above the doctoral level and who are involved in teaching, research, or clinical practice in neuropsychology or closely related fields.
- b) Members in good standing in organizations representing your primary discipline (i.e. APA, INS, NAN).
- c) Active professional interests in neuropsychology and neuropsychological disorders.

Associate Member **\$35** _____

Open to all individuals who may not meet all the professional requirements for full membership, but whose interests are commensurate with those of CNS and whose credentials otherwise are acceptable.

Student Member **\$15** _____

Open to all individuals who are enrolled in a program of study leading to a masters or doctoral degree in neuropsychology or a related field.

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Sponsorship: Please have two current members who are in good standing of CNS endorse your application before sending it in for review.

Signature – Sponsor #1

Signature – Sponsor #2

Print Name

Print Name

Mailing List: [] I do not wish to have my name and address released outside CNS.

As a means of promoting community awareness of CNS as an organization and of professionals affiliated with the activities of the Society, the Executive Board request that they be granted the authority to release the CNS membership mailing list at its discretion following case by case review of each such request.

By not checking this box, the CNS Executive Board is granted authority to release mailing list information at its discretion.

**Please send your completed application, along with your dues payment
(payable to “CNS”)**

**Please mail this application to the current CNS membership director.
This address is listed on:**

http://www.coloradoneuropsych.org/memb_info.htm