

AMERICAN ACADEMY OF PEDIATRIC NEUROPSYCHOLOGY

APPLICATION FOR MEMBERSHIP

Name:		
Date of birth:	Highest Degree:	Program of Study:
Preferred mailing address:		
City:	State:	ZIP Code:
Telephone:	Fax:	Email:
INSTITUTIONAL AFFILIATION		
Academic or Institutional Affiliation:		
Title or Rank:	Department:	
License(s) Held:		
State:	License no.	Board certifications:
State:	License no.	Type:
MEMBERSHIP CATEGORY REQUESTED (APPLY FOR THE HIGHEST CATEGORY TO WHICH YOU ARE ENTITLED)		
<input type="checkbox"/> PROFESSIONAL MEMBER (\$70.00)		
Nature of professional work with children:		
Employment setting:		
Particular population served:		
MEMBERSHIP CATEGORY REQUESTED (APPLY FOR THE HIGHEST CATEGORY TO WHICH YOU ARE ENTITLED)		
<input type="checkbox"/> STUDENT MEMBER (\$35.00)		
Internship?	Postdoctoral Fellowship?	Other?
Training site:	Telephone no:	
Name of supervisor:	Email:	
OTHER RELATED PROFESSIONAL AFFILIATIONS		
APA	Division(s)	INS
NAN	ABPP	ABN
NASP	State Association	Other
Leadership Positions Held:		
INTEREST AREAS		
Student mentoring	Advocacy and legislation	Diversity and international
Conference planning	Social media	Publications
Research	Other:	
FEES (PAYABLE TO AMERICAN ACADEMY OF PEDIATRIC NEUROPSYCHOLOGY)		
Membership fee (\$70.00 or \$35.00)		
Donation to student travel fund		
Donation for legislative advocacy		
SIGNATURES		
I certify that my license to practice has never been revoked in any state nor have I been sanctioned for a professional, ethical violation. I certify that I have not been convicted of a felony.		
Signature of applicant:	Date:	