

 **Clinical Neuropsychology**
Division 40
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)

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 **APA Division 40** if you are a Fellow, Member, Associate, or Professional Affiliate. 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 Division 40. Afterward, you will be billed annually by APA.

Mail your completed application and payment to:

Division 40 Administrative Office
c/o Division Services
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242