



Name: _____
Last First Middle Initial

Address: _____
Street Address

City State Zip Code Country

Phone: (____) _____ - _____ Ext. _____

E-Mail: _____

APA Membership Number (if applicable): _____

Year of graduation or year of anticipated graduation with doctoral degree: _____

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

- APA Fellow (SCN dues=\$45)
- APA Member (SCN dues=\$45)
 - Reduced membership fee for individuals in their first two years post-degree (\$20).
- APA Associate (SCN dues=\$45)

Affiliate Memberships (select one below): **[NO VOTING PRIVILEGES IN SCN]**

- Student Affiliate (\$10)
- High School Teacher Affiliate (\$10)
- International Affiliate (\$10)
- Professional Affiliate (qualified to join APA as a Member or Associate but no APA membership=\$55)

Signature: _____

Please enclose your completed application with a \$45 check payable to the **Society for Clinical Neuropsychology, APA** if you are a Fellow, Member, or Associate. Enclose a \$55 check if you are a Professional Affiliate. Enclose a \$20 check if you are seeking our reduced membership for individuals in their first two years post-degree. Enclose a \$10 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: American Psychological Association, P.O. Box 412902, Boston, MA 02241-2902