

SPORTS NEUROPSYCHOLOGY SOCIETY
Application for Membership

Name: _____ Degree: _____

Doctoral Program: _____ Year Doctorate Awarded: _____

Birthdate _____ Gender: M F Ethnicity (Optional) _____

Non-English Assessment (Specify): _____

Preferred Mailing Address: _____

Name: _____ Degree: _____

Telephone (Work): _____ FAX: _____

E-mail: _____

Academic Affiliation: Institution: _____ Dept.: _____ Rank: _____

Doctoral Program: _____ Year Doctorate Awarded: _____

Licensed in State(s): _____ Lic. Number(s) _____

Adult Specialties: _____

Pediatric Specialties: _____

Diplomate Status (specify) _____

Membership Category for which you are applying. (Membership applicants are required to apply for the highest level for which they qualify). Check one, and submit a separate statement listing education, clinical and/or research experience, continuing education, and training attesting to the requirements of the membership class for which you are applying:

- Professional - \$125:** A professional member shall have completed doctoral or post- doctoral academic coursework in the assessment and/or remediation of neuropsychological conditions, and hold a doctoral degree in psychology from an accredited university. Professional members will have at least 3 years of post-doctoral, professional experience in sports neuropsychology.

Clinical Research

- Associate - \$75:** Associate members are required to hold a doctoral degree in psychology and do not meet the clinical/research requirements for membership at the Professional level. This membership category includes post-doctoral fellows in neuropsychology. Associate members do not have voting privileges and may not hold office, but may be members of committees.
- Affiliate - \$25** Membership is open to interested individuals whose training and experience preclude them from other levels of membership. Affiliates do not have voting privileges, may not hold office or be members of committees.
- Student Membership - \$10:** Student members shall be limited to individuals attending graduate programs leading to a doctoral degree in psychology from a regionally accredited college or university. Students do not have voting privileges, may not hold office; but may be members of committees.

Applicants at all levels must submit:

- 1) A Curriculum Vitae**
- 2) A Statement listing education, clinical and/or research experience, continuing education, and training attesting to the requirements of the membership class for which you are applying**
- 3) Sponsorship information with their application.**

SPONSOR INFORMATION:

Print Name: _____

Telephone #: _____

E-Mail: _____

Affiliation: _____

By my signature I certify:

- 1) I have not committed any violations of The Ethical Principles of Psychologists and Code of Conduct, nor am I currently under investigation for any such alleged violations.
- 2) My license to practice psychology (for clinical applicants) is active and has not been revoked in any state.
- 3) All information contained in this application is true and accurate.
- 4) I have not been convicted of a felony.

Applicant Signature _____

Date _____