



Sports Neuropsychology
Society

Emeritus Membership Verification Form

Name: _____

Email: _____

I am currently a Professional member of SNS and would like to apply for Emeritus membership. I understand that in order to qualify for the Emeritus status, I must meet the following criteria:

_____ I am 65 years of age or older.
Initials

_____ I have been an SNS member for at least 10 years.
Initials

_____ I have retired from active practice.
Initials

I attest that the above statements are true.

Applicant Signature

Date