



# Massachusetts Neuropsychological Society Membership Application

- CV must accompany the application, failure to do so will result in a delay.
- Students must be currently enrolled to qualify for Student Status.
- Sponsors must be in good standing (MNS membership up to date).

Please print or type

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Addresses: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_  
Telephone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_  
FAX #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address & Telephone Number Preferred for Mailings: Please check: Home \_\_\_\_\_ Work \_\_\_\_\_  
Highest Degree \_\_\_\_\_ Institution \_\_\_\_\_ Date \_\_\_\_\_  
Specialty Field of Degree \_\_\_\_\_  
Currently licensed to practice psychology? No \_\_\_\_\_ Yes \_\_\_\_\_  
State(s) of licensure \_\_\_\_\_ License # \_\_\_\_\_

Professional Field (check all that apply):

- \_\_\_\_\_ Neuropsychology Clinical \_\_\_\_\_ Experimental \_\_\_\_\_
- \_\_\_\_\_ Clinical Psychology
- \_\_\_\_\_ School Psychology
- \_\_\_\_\_ Experimental/Cognitive Psychology
- \_\_\_\_\_ Behavioral Neurology
- \_\_\_\_\_ Neurology
- \_\_\_\_\_ Speech/Language Pathology
- \_\_\_\_\_ Neurosurgery
- \_\_\_\_\_ Occupational Therapy
- \_\_\_\_\_ Neuropsychiatry
- \_\_\_\_\_ Other

Title and Work Affiliation

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Memberships in Professional Organizations (check all that apply):

- \_\_\_\_\_ American Psychological Association: Divisions: \_\_\_\_\_
- \_\_\_\_\_ International Neuropsychological Society
- \_\_\_\_\_ Massachusetts Psychological Association
- \_\_\_\_\_ Other

Are you interested in volunteering in committees/society activities? Yes \_\_\_\_\_ No \_\_\_\_\_

In order to help us evaluate your qualification for membership (which requires involvement in "teaching, research, or clinical practice in neuropsychology"), please list any activity, research, continuing education, professional practice, teaching focus, or other demonstration of interest in the field of neuropsychology and its development. Brevity is entirely appropriate.

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Membership applications must be sponsored by two regular members. Please provide the supporting signatures of two members below:

Sponsor #1: Sign Here \_\_\_\_\_ Print Name \_\_\_\_\_  
Sponsor #2: Sign Here \_\_\_\_\_ Print Name \_\_\_\_\_

Category of membership desired: Regular \_\_\_\_\_ Associate \_\_\_\_\_ Student \_\_\_\_\_

For description of membership categories, see Membership Web Page:  
<http://www.massneuropsychology.org>

This application will be reviewed by the Board of the MNS; you will be informed if you are accepted for membership, at which time you may go to the MNS Membership Web Page to pay your dues online, or you may send in a check. Membership categories and dues are: Regular \$90.00, Associate \$50.00, and Student \$20.00.

**Reminder: Do not send a check or pay online until your application has been accepted.**

Were you recruited for membership by a current MNS member? *If so, please indicate their name so we can give them credit!* \_\_\_\_\_

**Please note:** Membership in this organization does not constitute a credential for the practice of clinical Neuropsychology

Please send completed application to:

Massachusetts Neuropsychological Society  
125 Nashua Street  
Boston, MA 02114  
(617) 742-6719