

Colorado

Neuropsychological

Society

APPLICATION FOR MEMBERSHIP

(Please print or type)

Name: \_\_\_\_\_

Degree: \_\_\_\_\_

Position: \_\_\_\_\_

License: (state & #) \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Education/Training: (School/Facility & Year Completed)

Undergraduate: \_\_\_\_\_ Year: \_\_\_\_\_

Graduate: \_\_\_\_\_ Year: \_\_\_\_\_

Internship: \_\_\_\_\_ Year: \_\_\_\_\_

Post-Doc: \_\_\_\_\_ Year: \_\_\_\_\_

Board Certification: \_\_\_\_\_ Year: \_\_\_\_\_

Professional Organizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to join the CNS Online Community? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like to be included in the CNS provider directory? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Please refer to the website for details about our provider directory)

License (include state and number): \_\_\_\_\_

Specialties as you would like them listed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance panels:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Colorado

---

## Neuropsychological

---

### Society

---

**Membership Category:** Check one (Read the criteria under each category to determine your appropriate membership)

**Full Member**

**\$50** \_\_\_\_\_

- a) Education, training and experience at or above the doctoral level and involved in teaching, research or clinical practice in clinical neuropsychology or closely related field
- b) Members in good standing in organizations representing your primary discipline (e.g. APA, INS, NAN)
- c) Active professional interests in neuropsychology and neuropsychological disorders

**Associate Member**

**\$35** \_\_\_\_\_

Open to all individuals who may not meet all the professional requirements for full membership, but whose interests are commensurate with those of CNS and whose credentials are otherwise acceptable

**Student Member**

**\$15** \_\_\_\_\_

Open to all individual who are currently enrolled in a program of study leading to a master's or doctoral degree in neuropsychology or a related field

**Sponsorship:** Please have one current CNS member in good standing endorse your application before submitting it for review.

\_\_\_\_\_  
Signature – Sponsor

\_\_\_\_\_  
Type/Print Name

As a means of promoting community awareness of CNS as an organization and of professionals affiliated with the activities of the society, the Executive Board requests that they be granted the authority to release the CNS membership mailing list at its discretion following case by case review of each such request.

By not checking the box below, the CNS Executive Board is granted authority to release mailing list information at its discretion.

Please check here [ ] if you **do not** wish to have your name and address released outside CNS.

Please send your completed application, along with your dues payment (payable to "CNS") to the current CNS membership director at the address listed on the website at [www.coloradoneuropsych.org/membership/new-membership/](http://www.coloradoneuropsych.org/membership/new-membership/)