



***PNNS Membership/Renewal Application***  
(September 1, 2010 - August 31, 2011)

Please indicate your membership category, fill in name & address information, and include a check for annual dues and anticipated CPE credit of \$25.00 payable to PNNS. Membership cannot be accepted without accompanying dues payment.

   **MEMBER** (eligibility: doctorate level psychologist whose primary interest, focus and professional commitment is to neuropsychological education, research, and/or clinical practice).

   **ASSOCIATE MEMBER** (eligibility: all other persons, psychologists, speech pathologists, occupational therapists, neurologists, etc., with an interest in neuropsychology).

Last Name \_\_\_\_\_ Ph.D./Psy.D./M.A./\_\_\_\_ First Name \_\_\_\_\_

Address (Preferably Work) \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

List Work Phone/Address in Website Directory (PNNS.Org)?      Yes \_\_\_\_\_ No \_\_\_\_\_

Send Monthly Presentation Announcements by:      Email \_\_\_\_\_ Regular Mail \_\_\_\_\_

Survey: list topics you would like discussed at our monthly meetings and indicate with a check those for which you might give a clinical/research presentation. Check

Topics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return with \$25 dues-check, payable to PNNS, to:

**PNNS, c/o Brad Powell, PhD**  
**2118 Caton Way SW**  
**Olympia, WA 98502**

For questions or comments please contact Brad Powell, (360) 701-3438 or [bradpowell2@comcast.net](mailto:bradpowell2@comcast.net)