



PNNS Membership/Renewal Application

Please indicate your membership category, fill in name & address information, and include a check for annual dues and anticipated CPE credit of **\$50.00** payable to PNNS. Membership cannot be accepted without accompanying dues payment. **For renewal, if all other information is the same as last year, just fill out your name and email.**

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 _____

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 **\$50** 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 postmaster@pnns.org