



JOIN

Membership Application for 2008

Name, Highest Degree:

Mailing Address:

City, State, Zip:

Phone, Fax:

E-mail Address:

Status:

_____ \$75 Members (Includes subscription to *Neuropsychology*)

_____ \$50 Post-Docs (Includes subscription to *Neuropsychology*)

_____ \$40 Students (Includes subscription to *Neuropsychology*)

_____ \$20 Post-Docs (Includes reduced admission to symposia)

_____ \$10 Students (Includes reduced admission to symposia)

Are you a first time member-applicant to PNS? Y / N

Do you wish to receive e-mail notification of local psychology events/talks? Y / N

Do you wish to make a donation to PNS' new "scholarship initiative" to fund scholarships for graduate student awards (please include donation with dues check)? Y / N \$_____

DEADLINE FOR APPLICATION JANUARY 15, 2008

Please mail application and check (**made out to PNS**) to:

Mary F. Lazar, Psy.D.
PNS Treasurer
Neuropsychology Assessment Center
Widener University
One University Place
Chester, Pa 19013

Office Use Only:

Date Rec'd: _____ Amount _____ Check # _____