



**FULL MEMBER APPLICATION  
INFORMATION FORM**

**NAME:** \_\_\_\_\_

**UNIVERSITY/DATE OF DEGREE:** \_\_\_\_\_

**DEGREE/MAJOR:** \_\_\_\_\_

**PROFESSION:**  Neuropsychologist  Other (specify): \_\_\_\_\_

**LICENSURE/CERTIFICATION (state):** \_\_\_\_\_

**BOARD CERTIFICATION:**  NO  YES (by whom?) \_\_\_\_\_

**OFFICE ADDRESS:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**PHONE NUMBER(S):**

**Office:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

(To conserve resources, we intend to communicate with you primarily by email.)

**AREAS OF SPECIALTY**

(Check ALL that apply):  Adult  Pediatric  Psychotherapy  Evaluations only  
 Forensic  Cognitive Rehabilitation

**DO YOU ACCEPT INSURANCE:**

NO  
 YES →  Medicaid  AHCCCS  Other:

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

\*All **BOLDED** fields will be included in the AzNS Membership Directory and Referral Network, unless you request to be unlisted.

Please **DO NOT** list my information in the Membership Directory

**ATTESTATION TO BE SIGNED BY APPLICANT:**

To the best of my knowledge, the information which I have provided in this application is believed to be accurate and truthful. I hereby agree to receive electronic communication.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**DUES: \$45 made payable to The Arizona Neuropsychological Society  
Attn: Dr. Jamee Nicoletti, Treasurer  
1520 S. Dobson Rd., Suite 203, Mesa, AZ 85202**