



**STUDENT MEMBER APPLICATION  
INFORMATION FORM**

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

**UNIVERSITY** \_\_\_\_\_

**DATE OF EXPECTED GRADUATION:** \_\_\_\_\_

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

**AREA OF SPECIALIZATION:** \_\_\_\_\_

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

**PHONE NUMBER(S):**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

\*All **BOLDED** fields will be included in the AzNS Membership Directory, 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: \$20 made payable to The Arizona Neuropsychological Society  
Attn: Dr. Jamee Nicoletti, Treasurer  
1520 S. Dobson Rd., Suite 203, Mesa, AZ 85202**