



MEMBERSHIP APPLICATION FORM

A. TYPE OF MEMBERSHIP APPLIED

Please tick the appropriate box for membership

Full Member

Annual subscription: \$ 200

(Open to person with a postgraduate degree in psychology and relevant experience in the field of neuropsychology)

Affiliate Member

Annual subscription: \$ 100

(Open to all)

B. PERSONAL INFORMATION

Dr. Mr. Ms. Mrs. _____ (Last Name) _____ (First Name)

_____ (in Chinese if applicable)

Sex : M F Age: _____

Correspondence Address:

Tel: _____ Fax: _____ E-mail: _____

C. EDUCATION

Degree/Diploma	Awarding Institute	Year Awarded

(For applicant of Full Membership, please enclose a copy of the certificate showing your postgraduate degree in psychology.)

D. OCCUPATION

Position	Company/Institute	Period

(Please use separate sheet of paper if the place provided is not enough.)

E. PROFESSIONAL MEMBERSHIP

F. EXPERIENCE IN NEUROPSYCHOLOGY OR RELEVANT DISCIPLINES

(Please use separate sheet of paper if the place provided is not enough.)

G. PUBLICATION

(Please use separate sheet of paper if the place provided is not enough.)

H. REFEREE

Name: _____ Position: _____

Correspondence: _____

I hereby confirm that the information contained in this application form and/or resume is accurate. I understand that this application is subject to the final approval of the EXCO.

Signature

Date

Note to Applicant:

Please send your **annual subscription fee** by crossed cheque payable to Hong Kong Neuropsychological Association Limited and the **completed application form** to the following address:

C/O Clinical Psychology Unit
Children's Habilitation Institute
Duchess of Kent Children's Hospital at Sandy Bay
12 Sandy Bay, Hong Kong
Attention: Treasurer, HKNA