



**ASSOCIATION OF NEWFOUNDLAND PSYCHOLOGISTS
MEMBERSHIP APPLICATION**

(New Members Only)

Name: _____	
Home Address: _____ _____	Bus. Address: _____ _____
Postal Code: _____	Postal Code: _____
Telephone: _____	Telephone: _____
E-Mail: _____	Fax: _____
<input type="checkbox"/> Preferred Address	<input type="checkbox"/> Preferred Address

EDUCATIONAL QUALIFICATIONS:

Most recent University attended: _____	Degree: _____
*Specialty: _____	** Date Completed: _____
<u>Other University Education:</u>	
University attended: _____	Degree: _____
*Specialty: _____	** Date Completed: _____

RELEVANT PROFESSIONAL EXPERIENCE:

<i>CURRENT:</i>	
Place of Employment: _____	
Position: _____	Dates: _____
<i>PREVIOUS:</i>	
Place of Employment: _____	
Position: _____	Dates: _____
Place of Employment: _____	
Position: _____	Dates: _____

* Specialty means clinical, educational counselling, etc.
** Students enter anticipated completion date.

SEE OVER ...

