

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 The Hong Kong Neuropsychological Association 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