ALL SECTIONS OF THIS REQUEST FORM MUST BE TYPED



REQUEST TO CHANGE FELLOW STATUS

DATE:

Last Name:	First Name:	M.I.:	Maiden/Other Name:
Home Address: Check	if preferred mailing address	Business Address	: Check if preferred mailing address
Home Phone:		Business Phone:	
Email Address:			
Reason for Request:			
I hereby request that the A Fellow Emeritus status. M	Association for Applied Sport Psyc ly signature below attests to the fo	chology deactivate my onlowing:	current active Fellow status and grant me
1. I have been an ac	tive fellow of AASP for the past five	e years.	
psychology.			nours a year in any area related to sport
3. I understand that I	must reapply annually to maintair	n active Fellow Emeritu	s status.
0: 1		-	
Signature		Date	

Please convert the completed form to a PDF and email to info@appliedsportpsych.org with the subject line "Fellow Change Request First Initial Last Name."