



NAPSA MEMBERSHIP APPLICATION

2009 - 2010

NATIONAL ASSOCIATION OF PUPIL SERVICES
ADMINISTRATORS

P.O. Box 113, Williamsport, PA 17701

Website: napsa.com

Phone: 570-323-2050

Fax: 570-323-2051

Email: napsa@comcast.net

Membership Year July 1 – June 30

New Membership

Renewal Membership

Name: Dr. Mrs. Ms Mr.

First: _____ Last: _____

Title: _____ Employer: _____

Mailing Address: _____

Line 1

Line 2

Line 3

City

State

Zip Code

E-mail Address: _____

Office Telephone: _____ Office Fax: _____
area code & number area code & number

Home Phone: _____

MEMBERSHIP CLASSIFICATION

(Check one below)

Regular \$145 Honorary (Retired) \$25

Institutional \$500 Student \$65

Dues amount submitted _____

NAPSA Foundation Contribution (tax deductible) _____

Total _____

Yes, I would like to receive my NAPSA NEWS by electronic mail.

No, I do not want to receive my NAPSA NEWS by electronic mail.

PLEASE COMPLETE BACK PAGE

Please complete: Items one through four may appear in the next membership directory and used for communications with members.

1. Size of School System/Institution

- Under 5,000
- Between 5,000 – 10,000
- Between 10,000 – 25,000
- Between 25,000 – 50,000
- Over 50,000

2. Location of School District

- Urban
- Rural
- Suburban
- Other _____

3. Primary Professional Concerns:

4. Yes, I would like to be added to the NAPSA NEWS E-mail information Network. If your e-mail address is different from page one, please write your preferred address here: _____

5. Annual Conference:

- Routinely attend
- Occasionally attend
- Don't attend because _____
- I would like the conference held at the same site each year
- Different sites
- No preference

Additional Comments:
