

NAPSA MEMBERSHIP APPLICATION

2022 - 2023

National Association of Pupil Services Administrators P.O. Box 234 Brodheadsville, PA 18322

Phone: (570) 656-4286 E-mail: napsa@ptd.net Website: www.napsa.com

Membership Year July 1, 2022 – June 30, 2023

Title : Dr]	MrsMs	Mr.		
Name:				
Job Title:		Employer:		
Mailing Address: ((Office) _			
(——————————————————————————————————————	(City)	(State)	(Zip Code)
	_	(City)	(State)	(Zip Code)
E-mail Address:				
Office Phone:			Office Fax:	
Home Phone:				
	New Membership*		Renewal Membership	•
*Referral source: _	_Website _	_ E-mail Colleague/I	Friend name:	
		MEMBERSHIP CLA (Check One B		
Regular	\$180		Retired	\$25
Institutional	\$675 (5 n	nembers from 1 institution)	Student**	\$65
Total Amount Sub	omitted:			
Method of Paymer	nt: Enclo	sed*Online Credit Ca	ard Payment Invoice	

**Does NOT include membership benefit of individual professional liability insurance.