



NAPSA MEMBERSHIP APPLICATION

2023 – 2024

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, 2023 – June 30, 2024

Title: ___ Dr. ___ Mrs. ___ Ms ___ Mr.

First Name: _____ Last Name: _____

Job Title: _____ Employer: _____

Mailing Address: (Office) _____

(Home) _____ (City) _____ (State) _____ (Zip Code) _____

_____ (City) _____ (State) _____ (Zip Code) _____

E-mail Address: _____

Office Phone: _____ Cell Phone: _____

Home Phone: _____

___ **New Membership*** ___ **Renewal Membership**

*Referral source: ___ Website ___ E-mail ___ Colleague/Friend name: _____

MEMBERSHIP CLASSIFICATION

(Check One Below)

___ Regular \$180 ___ Honorary (Retired)** \$25

___ Institutional \$670 (5 members from 1 institution) ___ Student** \$65

Total Amount Submitted: _____

Method of Payment: ___ Enclosed ___ Online Credit Card Payment ___ Invoice Required

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