

## NAPSA MEMBERSHIP APPLICATION

## 2023 - 2024

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

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Membership Year July 1, 2023 – June 30, 2024

\*\*\*FOR USE BY NJAPSA MEMBERS ONLY\*\*\*

First Name:		Last 1	Last Name:		
Job Title:		Employer:			
Mailing Address	s: (Office)				
		(City)	(State)	(Zip Code)	
	(Home) _				
		(City)	(State)	(Zip Code)	
E-mail Address:			_		
Office Phone: _		Offic	e Fax:		
Home Phone:					
		New Membership	Renewal		
	М	EMBERSHIP CLASS (Check One Below			
Regular	\$85 (w/ New I	Member Discount)	Honorary (Retired)**	\$25	
Regular	\$170 (Renewa	l for Existing Member)	Student**	\$65	
Institutional	\$340 (w/ New	Member Discount for up t	to 5 members from 1 institution	on)	
Institutional	\$675 (Renewa	ll for up to 5 members from	n 1 institution)		
Fotal Amount S	ubmitted:				
Method of Payn	nent: Encl	osed Online Credit (	Card Payment Invoice		
		in honofit of individual an	ofessional liability insurance.		