

NAPSA MEMBERSHIP APPLICATION

2023 - 2024

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

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

Membership Year July 1, 2023 – June 30, 2024

FOR USE BY OAPSA MEMBERS ONLY

F [•] 4 N			Last Name		
First Name: Job Title:			Last Name: Employer:		
	(Home)	(City)	(State)	(Zip Code)	
		(City)	(State)	(Zip Code)	
E-mail Address:					
Office Phone:	Office Fax:				
Home Phone: _					
		New Members	hip Renewal		
	М	EMBERSHIP C. (Check Or	LASSIFICATION ne Below)		
Regular	\$85 (w/ <mark>New</mark> I	Member* Discount)	Honorary (Retired)**	\$25	
Regular	\$170 (Renewal for Existing Member) Student**				
Institutional	\$340 (w/ New	Member Discount f	For up to 5 members from 1 institution	on)	
Institutional	\$675 (Renewa	al for up to 5 member	rs from 1 institution)		
Total Amount Su	ıbmitted:				
Method of Paym	ent: Ene	closed Online	e Credit Card Payment Invoi	ce	
-			an OAPSA member who is <u>not curre</u>		

**Does <u>NOT</u> include membership benefit of individual professional liability insurance.