



NAPSA MEMBERSHIP APPLICATION

2020 – 2021

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, 2020 – June 30, 2021

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

First Name: _____

Last Name: _____

Job Title: _____

Employer: _____

Mailing Address: (Office) _____

(City)

(State)

(Zip Code)

(Home)

(City)

(State)

(Zip Code)

E-mail Address: _____

Office Phone: _____

Office Fax: _____

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 \$675 (5 members from 1 institution)

___ Student** \$65

Total Amount Submitted: _____

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

*Make Check Payable to "NAPSA" and send to:

NAPSA
PO Box 234
Brodheadsville, PA 18322

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