



2012 NAP Membership Registration

- Renewal**
- New Member**

Name: _____

Facility: _____

Title: _____

Address: _____

City: _____ ZIP: _____

State/Province: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____

How did you hear about NAP? (New Members only) _____

OPT-OUT: I do not want my work address given to third-party companies such as Harcourt Assessment, Inc. or other companies as deemed appropriate by NAP.

Your name and contact information will be included in the NAP Directory unless you notify us otherwise.

PhD Collaboration – Please list all neuropsychologists/supervisors you work with in your facility/practice – please use a separate sheet if more than one.

Name: _____

Address: _____

City: _____ ZIP: _____

State/Province: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Memberships are effective January through December of the current year.
 Annual membership fee is \$40.00 (U.S.) and can be paid via PayPal on the NAP website,
 or by check (made out to National Association of Psychometrists).

Mail membership form and payment to:

Stephanie Weghorst – NAP Membership Committee
 Neuropsychology Clinic, P.C.
 3100 N. Dries Lane Ste. 203
 Peoria, IL 61604

Please write legibly and provide all information. Confirmation letters will be mailed out via e-mail.

Questions? Please contact: member_ship@napnet.org