



2010 MEMBERSHIP APPLICATION

NEW MEMBERSHIP RENEWAL

FIRST NAME: _____

LAST NAME: _____

TITLE: _____

FACILITY: _____

~ Work Mailing Address ~

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

FAX: _____

E-MAIL: _____

Your name & contact information will be included in the NAP Directory.

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.

How did you hear about NAP?

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:

Donna Dwyer-O'Connor - NAP Membership Committee
Seattle Children's Hospital
M/S B-5552
4800 Sand Point Way NE
Seattle, WA 98105

Please write legibly and provide all information. Confirmation letters will be mailed out via e-mail.
Questions? Please contact: member_ship@napnet.org