

## Community Membership Application

Name	Licensure (LMHC, PhD, MD, LICSW)	
Mailing Address		
City	State	Zip
Phone (including area code)	Email	
Website		
If you are interested in volunteering, please specify your area of interest below:		

Please select:

	General Membership		\$125
	Full Time Student	School	\$90
	Candidate	Institute	\$90
	Retired		\$90

Please send your check payable to NPSI: 2701 First Avenue; Suite 120; Seattle, WA 98121

Please contact the NPSI Administrator, Hollee Sweet, if you have further questions:

[admin@npsi.us.com](mailto:admin@npsi.us.com)