

## Full Membership Renewal

Name	Licensure (LMHC, PhD, MD, LICSW )	
Mailing Address		
City	State	Zip
Phone (including area code)	Email	

Please select:

NPSI Dues	\$725 <b>(\$675 if paid by February 28<sup>th</sup>)</b>
IPA Dues If you pay through another IPA society, note which one:	\$300
CIPS Dues	\$50
NAPsaC Dues	\$5
PEP-Web*	\$132
Suggested donation of \$100. All amounts are greatly appreciated.	\$100 suggested

*\*If you have a PEP-Web subscription through another organization you may deduct \$132 from your membership fee. You also have the option to switch your subscription to NPSI as a way to support the organization. Please contact me with questions about this at [michael.s.dougherty@gmail.com](mailto:michael.s.dougherty@gmail.com)*

Please mail or email copies of your license and malpractice insurance face page to NPSI at [admin@npsi.us.com](mailto:admin@npsi.us.com).

NPSI  
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As a best practice, we recommend you create a professional will, and update it regularly. If you have a professional will and would like us to keep a copy on file, please include it along with your license and insurance. This document will be securely maintained at NPSI. If you would like to see a template of a professional will, please contact NPSI at [admin@npsi.us.com](mailto:admin@npsi.us.com).