

## 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 - is this a renewal? Yes / No	\$125
	Full Time Student      School	\$90
	Candidate      Institute	\$90
	Retired	\$90

Please send your check payable to NPSI: 2800 First Avenue; Suite 303; Seattle, WA 98121

Please contact the NPSI Administrative Manager, Carol Bolt, if you have further questions:  
[admin@npsi.us.com](mailto:admin@npsi.us.com)