



Name: _____

E-mail address: _____

(This will be used for notification of meetings)

Home address: _____

(Confidential)

Home Phone: _____ Cell: _____

(Confidential)

Employer: _____

Address: _____

Work Phone: _____ Fax: _____

Certification specialty area: _____

Amount Paid: _____ Check# _____

Date: _____ Received by: _____

Annual membership dues are \$40, renewable annually in February. Student dues are \$20 per year

Please make check out to PSNPA and bring to meeting or mail to:
Linda Shin, Treasurer 1420 31st Avenue South #D | Seattle, WA 98144

[] Check here if you wish to have your name in the PSNPA Membership roster (Available only for members)

Name: _____

Amount Paid: _____ Check # _____

Date: _____ Received by: _____