

Personality Assessment System Foundation Membership Application



Date: ____ / ____ / ____

Last Name _____

First Name _____ Middle Name _____

Address _____ City _____

State _____ Zip _____ E-Mail Address _____
@ _____

Fax Number _____ Web URL _____

Highest Degree: _____ Major/Department: _____ Institution: _____

American Psychological Association Member: Yes: Type: Full Associate Student

American Counseling Association Member: Yes: Type: Professional Regular Student

National Association of School Psychologists Member? Yes:

PASF Membership Dues Information Member --- \$40 annual

Send this form with payment to:

PASF
PO Box 1520
North Eastham, MA 02651

Note: Access to the members area of the website will be made available when the membership is processed. You will have the opportunity to choose your own userid and password.