

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: _____

License(s)# / Certificate(2)# Held

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

Primary Division(s) Affiliation

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

Primary Division(s) Affiliation

National Association of School Psychologists Member? Yes:

Other Professional Association Membership(s)

PASF Membership Dues Information

Member --- \$35 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.