



# NCSP (INACTIVE) APPLICATION

Name \_\_\_\_\_  
First Middle Last (Maiden/Previous Name Used)

NCSP # \_\_\_\_\_ Member # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street

City State Zip

Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Application Fee:**

\$49 NASP Member  \$69 Nonmembers

I understand that all fees are nonrefundable: \_\_\_\_\_  
Signature

**Payment:**

Check (Please make check or money order payable to NASP.)

MasterCard  VISA

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as It Appears on Credit Card \_\_\_\_\_

**Affirmation:** I verify the information herein is true and accurate, and that I meet eligibility requirements for the NCSP (Inactive) status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail this application and payment to:**

National Association of School Psychologists  
P.O. Box 79469  
Baltimore, MD 21279-0469