

## 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.*