



National Association of Parents with Children in Special Education

NAPCSE Membership Application

Title: Mr. Ms. Mrs. Dr.

First Name: _____ Last Name: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____

E-mail: _____ Choose a Password: _____

Membership Categories:	1 Year	2 Year
Individual/Family	<input type="radio"/> \$19.95	<input type="radio"/> \$35.00
Educator	<input type="radio"/> \$19.95	<input type="radio"/> \$35.00
Professional	<input type="radio"/> \$19.95	<input type="radio"/> \$35.00
Student	<input type="radio"/> \$19.95	<input type="radio"/> \$35.00



Payment:

All funds must be in U.S. dollars.

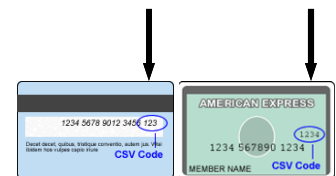
Check, Money Order, Visa, MasterCard, Discover and American Express (*Make Checks or Money payable to NASET*)

Exact Name on card: _____ Card number: _____

Expiration Date: (mm/yr) _____ CSV Code: _____ What's the CSV? → MC/Visa AMEX

Signature: _____

Mail to:
NAPCSE Membership Department
1431 W South Fork Drive
Phoenix, AZ 85045-1959



3 Digit # 4 Digit #

OR Fax to: 1-800-424-0371