



National Association of Public Child Welfare Administrators

an affiliate of the American Public Human Services Association

2009 NAPCWA INDIVIDUAL MEMBERSHIP APPLICATION

Please enroll me as an Individual Member of NAPCWA for one year in the category checked below.

- NAPCWA Regular Individual Member: \$125
Associate Individual Member: \$125
I am already an APHSA member: \$40

Note: As an individual member, you are eligible to receive APHSA's electronic news clipping service at no additional cost.

- Please send the e-news clipping service to the e-mail address provided on this application.
Please send the e-news clipping service to the following e-mail address instead:
No, I do not wish to receive the e-news clipping service.

PLEASE PRINT LEGIBLY

Ms. Mrs. Mr. Dr. First/Last Name

Title Agency/Organization

Work Address

City State Zip

Tel Fax E-mail

Home Address

City State Zip

Tel Fax E-mail

Preferred mailing address (check one): Work Home

Payment Information

Check or money order enclosed (in U.S. currency, payable to APHSA)

I hereby authorize APHSA to charge my: MasterCard VISA American Express

Card Number Expiration Date

Name on Credit Card Signature Date

Mail/Fax completed form to: NAPCWA/APHSA Individual Membership, 1133 Nineteenth Street, NW, Suite 400, Washington, DC 20036