

# NASPA Membership Form

Please complete this form and return it with your membership fee of \$30 to:

**NASPA**  
**3708 BRYN MAWR DR**  
**DALLAS TX 75225-7216**  
**USA**

Name \_\_\_\_\_

How do you want to be listed on the NASPA rating list?: \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Exact wording of your name on the NSA rating list: \_\_\_\_\_

Old NSA player number: \_\_\_\_\_