



2011 DUES INVOICE

Check One:

___ **2011 SUSTAINING MEMBER.....\$400.00**
(Receive Certificate, prominent recognition in printed material and
NCSPS web-site)

___ **2011 STANDARD LEVEL (Before January 31, 2011).....\$250.00**

___ **2011 STANDARD LEVEL (After January 31, 2011.....\$275.00**

Please complete this form and return it with your check.

DON'T FORGET TO INCLUDE YOUR EMAIL ADDRESS.

PLEASE PRINT CLEARLY

NAME _____

NAME OF PRACTICE _____

OFFICE ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

SPOUSE _____

PHONE NUMBER (Office)
(Include area code) () _____

CELL PHONE () _____

FAX (Include area code) () _____

EMAIL ADDRESS _____

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