

NAPG Student Member Application Form

Name:

First Name/ Middle Initial/ Last Name

Contact Information:

Address: City/ State/ Zip

Phone _____ / _____
Fax (optional)

E-Mail

Name of Degree Program (AA-Certificate, Baccalaureate, Graduate) in which
you are enrolled

Name of College/University in which you are enrolled

Anticipated date of completion of degree program

Employers Name (optional)

Position (optional)

I do and will continue to comply with NAPG Professional Code of Ethics and
credentialing requirements. I certify that the statements herein are correct, and I
hereby authorize any agency or supervisor to provide relevant information to the NAPG
Board of Directors upon request.

Signature

Date