

NASPA Membership Application

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

NASPA
PO BOX 12115
Dallas, TX 75225-0115
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: _____ NASPA number if already assigned: _____

If you want to pay \$50 instead of \$30 you can pick a “vanity” player number. You can see the current member number at <http://www.scrabbleplayers.org/w/Membership> . If you want a “vanity number, please list it here:

Vanity number requested: _____