

SSPWT/WPS Membership Registration Form

Please print the following information:

Name _____

Institutional Affiliation _____

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Please indicate the membership type that applies:

_____ \$40.00 Regular Membership

_____ \$20.00 Student Membership (undergraduate and graduate students)

Please make checks payable to PLNU/SSPWT and mail to:

Point Loma Nazarene University
Department of Psychology
Attn: Dr. Brad D. Strawn
3900 Lomaland Drive
San Diego, CA 92106

Credit cards accepted (please indicate one): Visa _____ MasterCard _____

Credit cardholder's name _____

Credit card billing address _____

Account number _____ Expires _____

Signature _____

Conference registration for the March 2005 conference is forthcoming.

There are additional fees for the conference.

For more information please visit:

<http://www.ptloma.edu/wesleyan/SSPWT>