



Northwest Association Of Special Programs

Invoice Project Membership December 2008-December 2009

Project _____

Institution _____

Project Contact Information

Director _____

E-mail _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Membership:

Category	Amount	Payment Amount
<input type="checkbox"/> Project Membership	\$325	_____
<input type="checkbox"/> Individual Membership	\$50	_____

Make Checks Payable to: NASP

Mail Checks to:

Northwest Association of Special Programs
c/o Lois Rasmussen
TRIO Pre-College Projects
University of Idaho
PO Box 443086
Moscow ID 83844-3086