

New Associate Member Application

NAPO Seattle Area Chapter



Please write **legibly** as we use this information for our website and database.

The following information will be posted on www.SeattleNAPO.com

Business Name: _____ Date of Application: _____

Contact: _____ Contact Phone: _____

Contact Email address: _____ Website: _____

The following information will be used for our internal membership database:

Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip Code: _____

Alternate Phone: _____ Fax: _____

Focus of Products or Services:

Membership Dues:

New Membership

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Annual: \$250.00 | (November 1st – October 31st) |
| <input type="checkbox"/> Prorated: \$210.00 | (May 1st - October 31st) |
| <input type="checkbox"/> Prorated: \$160.00 | (August 1st – October 31st) |
| <input type="checkbox"/> Prorated: \$105.00 | (September 1st – October 31st) |

Total: _____

- Annual dues are non-refundable. Dues are based on November 1 - October 31 year.
- By signing below I agree to abide by and model my behavior according to the NAPO Code of Ethics. (http://napo.net/get_organized/ethics.html)
- All data on this form is accurate. I permit NAPO-Seattle Area Chapter to release my business information for the chapter website and chapter sponsored publicity.

Signature: _____ Date: _____

Mail with check to: NAPO Seattle Area Chapter, Attn: Katie Munoz, 17234 NE 116th Street, Redmond, WA 98052