

New Member Application

NAPO Seattle Area Chapter



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

Name: _____ Date of Application: _____

Business Name: _____ Business Phone: _____

Email Address: _____ Website: _____

Yes, please include the link to my website on SeattleNAPO.com for a \$20 annual fee.

What is the primary focus of your business? (circle one) Residential / Business / Coaching

Please **check** all of your areas of specialization and **circle** your top three.

- | | | |
|---|---|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Families | <input type="checkbox"/> Kitchens |
| <input type="checkbox"/> Chronically Disorganized | <input type="checkbox"/> Financial Records | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Closets | <input type="checkbox"/> Garages/Attics/Basements | <input type="checkbox"/> Paper Management |
| <input type="checkbox"/> Construction | <input type="checkbox"/> General Organizing | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Group Seminars/Training | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Creative Personalities | <input type="checkbox"/> Home Offices | <input type="checkbox"/> Space Design |
| <input type="checkbox"/> Downsizing | <input type="checkbox"/> Information Management | <input type="checkbox"/> Speaking/Training Seminars |

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

Address: _____ Suite/Apt. _____

City: _____ State: _____ Zip Code: _____

NAPO National Membership Number: _____ Year Business Started: _____
National Membership Required

Membership Dues*:

- New Membership
- | | |
|---|--------------------------------|
| <input type="checkbox"/> Annual: \$120.00 | (November 1st – October 31st) |
| <input type="checkbox"/> Prorated: \$100.00 | (May 1st - October 31st) |
| <input type="checkbox"/> Prorated: \$75.00 | (August 1st – October 31st) |
| <input type="checkbox"/> Prorated: \$50.00 | (September 1st – October 31st) |

Annual Website Link Fee: \$20

Total: _____

* Annual dues are non-refundable. Dues are based on November 1 - October 31 year

All data on this form is accurate. I permit NAPO-Seattle Area Chapter to release my business information for the chapter website and publicity purposes. By signing below, I agree to abide by and model my behavior according to the NAPO Code of Ethics.

Signature: _____ Date: _____

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

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