



Seattle Area Chapter Membership

New Member

Date of Application: _____

CONTACT INFORMATION: Please write legibly as we use this information for our website and database.

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

Name: _____ Business Name: _____

Business Phone: _____ Email address: _____

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

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

Address: _____ Suite/Apt. _____

City: _____ State: _____ Zip Code: _____

MEMBERSHIP INFORMATION:

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

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

- | | | |
|---|---|--|
| <input type="checkbox"/> A.D.D. Clients | <input type="checkbox"/> Paper Management | <input type="checkbox"/> Procedures/Manuals |
| <input type="checkbox"/> Chronically Disorganized Clients | <input type="checkbox"/> Information Management | <input type="checkbox"/> Space Design |
| <input type="checkbox"/> Coaching Professional Organizers | <input type="checkbox"/> Records Management | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Computer Consulting/Training | <input type="checkbox"/> Legal Offices | <input type="checkbox"/> Wardrobe Consulting |
| <input type="checkbox"/> Financial Organizing/Bookkeeping | <input type="checkbox"/> Medical Offices | <input type="checkbox"/> Work with Children |
| <input type="checkbox"/> Errands & Personal Assistance | <input type="checkbox"/> Estates & Estate Sales | <input type="checkbox"/> Work with Seniors |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Moving/Relocation | <input type="checkbox"/> Work with Students |

3. Please select the committees in which you are interested in participating:

- | | | |
|---|---|---|
| <input type="checkbox"/> Get Organized Month (Jan) | <input type="checkbox"/> Professional Development | <input type="checkbox"/> Website |
| <input type="checkbox"/> National Preparedness Month (Sept) | <input type="checkbox"/> Membership & Hospitality | <input type="checkbox"/> Marketing & PR |

Skills & experience you can offer to the chapter: _____

4. NAPO National Membership is required: NAPO ID#: _____

5. By signing below I agree to abide by and model my behavior according to the NAPO Code of Ethics.

6. Seattle Area Membership annual dues are non-refundable and are based on a Nov 1 – Oct 31 year.

Fees	Amount	Paid
Annual Dues	\$100	
One-Time Administrative Fee for New Members	\$20	
Annual Website Link Fee (<i>optional</i>)	\$20	
	Your Total:	

Mail to: NAPO Seattle Area Chapter, Attn: Leah Stahlsmith, 137 NW 74th St. Seattle, WA 98117

7. 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.

Signature: _____ Date: _____