



Seattle Area Chapter Application Associate Membership

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

Business Name: _____ Website: _____

Contact: _____ Contact Phone: _____

Contact Email address: _____

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:

- Seattle Area Membership annual dues: \$250
- Mail check made out to: NAPO Seattle Area Chapter, Attn: Leah Stahlsmith, 137 NW 74th St. Seattle, WA 98117-4820.
- Annual dues are non-refundable. Dues are based on November 1 - October 31 year. Dues for applications received May through October are \$200.

1. 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)
2. 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: _____