



The Organizing AuthoritySM

NAPO-Wisconsin Associate Membership¹ Application

DIRECTORY INFORMATION

Name: _____
Business Name: _____
Business Address: _____
City: _____
State: _____
Zip: _____
Business Phone: () _____
Cell: () _____
Other: () _____
Fax: () _____
Email: _____
Website URL: http://www. _____

DUES INFORMATION

NAPO-WI Associate Membership is valid for 12 months. New Associate Members may join the Chapter at any time during the year. Annual renewal information will be sent to you one month prior to your membership anniversary date. All dues are non-refundable.

NAPO-WI Associate Member Fees	\$150.00
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Please make check payable to: **NAPO-Wisconsin**
Send payment and this application to: **P.O. Box 422**
Pewaukee, WI 53072

Or email application as attachment to: info@napo-wi.com, and mail check separately.

¹ An Associate Member is a company involved in the manufacture, distribution and/or sale of organizing products, or any other company that benefits from having professional organizers as clients, sources of referrals, or sources of information. An Associate Member may not vote or hold office within the Chapter.

BUSINESS INFORMATION

What is your primary reason for joining NAPO-WI?

Website Listing: Please provide a brief description of your business products and services for use on the NAPO-WI website.

Company Logo: Please email your company logo to info@napo-wi.com. Please be sure to name the file clearly using your full name (ex: **SmithClosets.jpg**). Accepted file types include: .JPG, .GIF, .PDF, .TIFF, or .PNG.

One of your member benefits is to make a **presentation** showcasing your products and services at a **NAPO-WI chapter meeting**. Is this something you would like to do?

Yes No

If Yes, we will be in touch regarding available dates. Chapter meetings are held the second Wednesday of odd-numbered months.

Do you have any additional questions, comments, or suggestions?

Company Representative's Signature:

Date:

