



# APPLICATION FOR MEMBERSHIP and PARTNERSHIP

NAPO is an organization of, by, and for professional organizers. Companies engaged primarily in the manufacture, distribution, and/or sale of organizational equipment, supplies, or organizing-industry-related services may join NAPO as Corporate Associate Members, Corporate Partners, or Premier Corporate Partners. Corporate Associate Membership is included in the Corporate Partner and Premier Corporate Partner levels. Memberships are based on a **calendar year** period. Dues are pro-rated within the first calendar year of membership, based on the number of full months remaining in the calendar year.

### CORPORATE ASSOCIATE MEMBER (\$605 annually)

A Corporate Associate Member is engaged in the manufacture, distribution, or sales of organizational equipment, supplies, or organizing-industry-related services. A Corporate Associate Member company shall designate one person as the NAPO representative.

### CORPORATE PARTNER (\$2,055 annually)

Corporate Partnership offers suppliers to the professional organizing industry a more comprehensive package of PR exposure and access to NAPO members. Corporate Partners receive one Corporate Associate Membership. The Corporate Partner shall designate one person as the NAPO representative. Corporate Partners may also designate five of their branches or franchises as Corporate Representatives who will receive *NAPO News*.

### PREMIER CORPORATE PARTNER (\$6,555 annually)

Premier Corporate Partnership provides an extensive package of benefits for connecting with NAPO professional organizers. Premier Corporate Partners receive one Corporate Associate Membership. The Premier Corporate Partner shall designate one person as the NAPO representative. Premier Corporate Partners may designate up to 100 of their branches or franchises as Industry Representatives who will receive *NAPO News*.

**Please read and check box:** [ ] I have read and understand the criteria for membership on this application. I am applying for annual membership in the category checked below. Benefits for the above memberships are based on the Benefits of Membership and Partnership Form. As a member, I understand our company has access to the online Member Directory and will not solicit members through the Directory.

**COMPANY NAME** \_\_\_\_\_

**COMPANY REPRESENTATIVE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **WEB SITE** \_\_\_\_\_

**PHONE** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_ **E-MAIL ARESSESS** \_\_\_\_\_

**How did you hear about NAPO?** (Check all that apply) [ ] Affiliated Organization [ ] Local NAPO Chapter [ ] Client [ ] NAPO Conference [ ] Event Sponsored by NAPO or NAPO Chapter [ ] Friend/Family Member [ ] Get Organized Month [ ] Industry Suppliers/Partners [ ] Online Media [ ] Print Media [ ] Search Engine [ ] Broadcast (TV/Radio) Media [ ] NAPO Web Site [ ] NAPO Member: Name \_\_\_\_\_

- My company is doing business in the field of organizing as a:  
(Check all that apply) [ ] Manufacturer [ ] Distributor [ ] Retailer [ ] Other: Please specify \_\_\_\_\_
- Company products & services (describe here & attach sales literature or brochures): \_\_\_\_\_

**Business Category** (check all that apply): [ ] Business Organizing [ ] Closet Organizing [ ] Filing [ ] Financial Services [ ] Garage Organizing [ ] Green Products [ ] Home Organizing [ ] Shelving [ ] Software [ ] Storage [ ] Training & Education

**DUES:** Payment must accompany application. Initial membership begins 1<sup>st</sup> of following month and is effective until Dec 31<sup>st</sup> of the calendar year.

	<b>Annual Dues:</b>		
<input type="checkbox"/>	Corporate Associate Member	\$ 605	
<input type="checkbox"/>	Corporate Partner	\$2,055	
<input type="checkbox"/>	Premier Corporate Partner	\$6,555	\$ _____ (Prorate dues by # of full months remaining in calendar year)
	One-time processing fee	\$ 20	\$ <u>20</u>
	<b>TOTAL</b>	<b>\$ _____</b>	

**PAYMENT:** \_\_\_ **MasterCard** \_\_\_ **Visa** \_\_\_ **American Express** \_\_\_ **Check #** \_\_\_  
**Cardholder's Name (print):** \_\_\_\_\_  
**Account Number:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_ (mm/yyyy)  
**Signature:** \_\_\_\_\_

**RETURN APPLICATION AND PAYMENT TO:**  
**National Association of Professional Organizers**  
15000 Commerce Parkway, Suite C  
Mount Laurel, NJ 08054  
Phone: 856/380-6828 Fax: 856/439-0525 Email: [napo@napo.net](mailto:napo@napo.net)