



NAPo Membership Application Industry, Employee of Industry and Industry Member-Provisional Membership

For information on becoming a Corporate Associate Member or Corporate Partner, please contact NAPo at (856) 380-6828 or visit www.napo.net.

Please be sure that all information is as complete as possible. Address, phone number, email address, and website will be listed in NAPo's online Membership Directory.

Membership Type:

Annual Dues:

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Industry Member – Provisional | \$205 |
| <input type="checkbox"/> Emeritus Member – for retired Professional Organizers | \$ 50 |
| <input type="checkbox"/> Industry Member* – without employees (Level 1) | \$235 |
| <input type="checkbox"/> Industry Member* – with employees joining NAPo (Level 2) | \$285 |
| <input type="checkbox"/> Employee of Industry Member (1-4 employees)** | \$155 (<i>per employee</i>) |
| <input type="checkbox"/> Employee of Industry Member (5+ employees)** | \$128 (<i>per employee</i>) |

National Processing Fee (one-time only) **\$ 25**
(Not required for Emeritus Membership or Industry Members with employees who are current members)

Industry Member - Organizing Services in excess of 10 (\$3 each) \$ _____
(Not applicable to Industry Member – Provisional Members, Employees of Industry Members, or Emeritus Members)

TOTAL \$ _____

***Industry Member – Documentation Requirements**

To join as an industry member, you must provide copy of documentation to substantiate your activity in the organizing business for a minimum of one (1) year. All documents must include your business or employer's name and a date that is one (1) year prior to your application. Please submit one of the following forms of documentation with your application:

- Business License
- Fictitious Business Name Certificate
- State Service Mark Certificate
- Federal Service Mark Certificate
- Resale License issued in business name
- Articles of Incorporation
- IRS Schedule C dated one year earlier and your latest IRS schedule C, both illustrating your business name
- Business bank statement dated one year earlier and your latest business bank statement, both illustrating your business name
- W2 or 1099 indicating at least one year of employment as a Professional Organizer

****Employee of Industry Member – Documentation Requirements**

Level 2 Industry Members (i.e. employers) are required to submit a copy of a W2 form for each employee, seeking Employee of Industry Member membership, with their application.

INDUSTRY MEMBER - PROVISIONAL:

First Name: _____ Middle: _____ Last Name: _____
Company: _____ Title: _____
Address: _____ Home Office
City: _____ State: _____ Zip Code: _____ Country: _____
Phone: _____ Home Office
Fax: _____ Home Office
Email: _____ Home Office

EMERITUS:

Membership Number (if current member): _____
Date of Birth*: _____
Term of NAPO Membership*: from _____ to _____
First Name: _____ Middle: _____ Last Name: _____
Company: _____ Title: _____
Address: _____ Home Office
City: _____ State: _____ Zip Code: _____ Country: _____
Phone: _____ Home Office
Fax: _____ Home Office
Email: _____ Home Office

***Information is required as eligibility for this level of membership stipulates that an individual 1) be at least 55 years of age and 2) must have been a NAPO member for a total of 15 consecutive years.**

INDUSTRY MEMBER:

Note: Those industry members with employees, whether a current member or a new member, are required to complete the following information as part of the application process. New industry members without employees are not required to complete the "Employee of Industry Member" portion of the application.

Please check one: () New Member () Existing Member
Please check one: () Level 1 (without employees) () Level 2 (with employees)

Membership Number (if current member): _____
First Name: _____ Middle: _____ Last Name: _____
Company: _____ Title: _____
Address: _____ Home Office
City: _____ State: _____ Zip Code: _____ Country: _____
Phone: _____ Home Office
Fax: _____ Home Office
Email: _____ Home Office

EMPLOYEE(S) OF INDUSTRY MEMBER:

Note: the annual membership dues for 1-4 employees under the primary Industry Member are \$150/per employee.

1. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

2. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

3. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

4. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

EMPLOYEE(S) OF INDUSTRY MEMBER:

Note: the annual membership dues for 5+ employees under the primary Industry Member are \$125/per employee.

5. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

6. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

7. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

8. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

9. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

10. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

11. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

12. Please check one: () New Member () Existing Member

Membership Number (if current member): _____

First Name: _____ Middle: _____ Last Name: _____

Company: _____ Title: _____

Address: _____ Home Office

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Home Office

Fax: _____ Home Office

Email: _____ Home Office

Industry Member - Organizing Services

Please turn to the next page to select the organizing services you would like to appear in your profile in the online Membership and Professional Organizer Directories

How did you hear about NAPO? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> www.napo.net (WEB) | <input type="checkbox"/> industry suppliers or partners (IND) |
| <input type="checkbox"/> Search engine (SCH)
(e.g., Google, Yahoo) | <input type="checkbox"/> local NAPO chapter (CHP) |
| <input type="checkbox"/> NAPO's conference (CON) | <input type="checkbox"/> event sponsored by NAPO, or a NAPO chapter (EVT) |
| <input type="checkbox"/> Print media (PRT) | <input type="checkbox"/> client (CLT) |
| <input type="checkbox"/> Online media (ONL) | <input type="checkbox"/> friend or family member (FAM) |
| <input type="checkbox"/> Broadcast (TV/radio) media (TVR) | <input type="checkbox"/> Get Organized Month (GOM) |
| <input type="checkbox"/> NAPO member (MEM) Name _____ | <input type="checkbox"/> affiliated organizations (POC, NASMM, or NSGCD) (AFF) |

Payment Information:

Note: Dues for Industry Members with employees (level 2) and Employees of Industry Members will be prorated to the renewal date of the Industry Member.

- MasterCard Visa American Express Check # _____ (*enclosed*)

For credit cards only: In the event of a miscalculation, I authorize NAPO to charge my credit card an amount NAPO reasonably deems to be accurate. (If rebilling of a credit card charge is necessary, a \$25 processing fee will be charged.)

Make check payable to NAPO. Checks not in U.S. funds will be returned. A charge of \$25 will apply to checks returned for insufficient funds. Membership dues and fees for service selections are non-refundable.

Account number

Expiration date

Cardholder's name (*please print*)

Signature

Application Submission:

1. Mail to NAPO, 15000 Commerce Parkway, Suite C, Mount Laurel, NJ 08054
2. Scan and email to napo@napo.net
3. Fax to (856) 439-0525

Industry Membership Services

Industry Members only: Please select the appropriate organizing services. You may select as many as 10 services at no charge; there is a \$3 charge for each additional service. If more than 10 are selected and payment is not submitted, only the first 10 will be used.

Industry Member-Provisional Members will be given an opportunity to select services when they become Industry Members.

NOTE: All codes beginning with *R* indicate residential organizing services; all codes beginning with *B* indicate business organizing services.

Residential Organizing Services

- Closet Design and Installation (**RCD**)
- Closet Organizing (**RCO**)
- Garages/Attics/Basements (**RGAB**)
- Kitchens (**RKO**)
- Home Office (**RO**)
- Other Rooms (**ROR**)
- Feng Shui (**RFS**)
- Unpacking and Move In (**RU**)
- Paper Management Only (**RPO**)
- Electronic Management Only (**RE**)
- Paper and Electronic Management (**RPE**)
- Time Management (**RTM**)
- Photographs/Memorabilia/Collections (**RPM**)
- Estate Management (**REO**)
- Garage/Estate Sale (**RES**)
- Moving/Relocation (**RMR**)
- Personal Coach (**RPC**)
- Coach for Professional Organizer (**RPOC**)
- Public Speaking (**RPS**)
- Group Training (**RGT**)
- Author/Writer (**RA**)
- Green Organizing (**RGR**)
- Attention Deficit/Hyperactivity Disorder (**RADD**)
- Chronic Disorganization (**RCH**)
- People with Physical Disabilities (**RPD**)
- Hoarding (**RHR**)
- Children (**RC**)
- Seniors (**RSR**)
- Students (**RST**)
- Financial/Bookkeeping (**RFB**)
- American Sign Language (**RASL**)

Business Organizing Services

- Commercial Office (**BO**)
- Home Office (**BHO**)
- Ergonomics (**BER**)
- Feng Shui (**BFS**)
- Storage/Warehouse (**BSW**)
- Unpacking and Move In (**BU**)
- Paper Management Only (**BPO**)
- Electronic Management Only (**BE**)
- Paper and Electronic Management (**BPE**)
- Time Management (**BTM**)
- Inventory/Assets Control (**BIA**)
- Event/Meeting Planning (**BEM**)
- Moving/Relocation (**BMR**)
- Personal Coach (**BPC**)
- Business Coach (**BBC**)
- Coach for Professional Organizer (**BPOC**)
- Public Speaking (**BPS**)
- Group Training (**BGT**)
- Author/Writer (**BA**)
- Green Organizing (**BGR**)
- National Travel (**BN**)
- International Travel (**BI**)
- Attention Deficit/Hyperactivity Disorder (**BADD**)
- Chronic Disorganization (**BCH**)
- People with Physical Disabilities (**BPD**)
- Legal Offices (**BLO**)
- Medical Offices (**BMO**)
- Manufacturing (**BM**)
- Financial/Bookkeeping (**BFB**)
- American Sign Language (**BASL**)