



The Organizing Authority®

NAPO-North Coast Ohio Chapter Membership Application

For regular members: Membership in NAPO is required to join the local chapter. Dues are \$50 per year. If your NAPO membership expires, you cease to be a chapter member and you do not receive a refund from the chapter.

For Associate members: Membership in NAPO is not required, and is subject to Chapter Board approval. Dues are \$100 per year.

For all members: Dues are for the period October 1 to September 30 and are not prorated to the application date. All new applications require an additional \$10.00 one-time, non-refundable processing fee. Payment must accompany application. Dues are tax-deductible by members as an ordinary and necessary business expense.

Regular Member NAPO ID# _____ New Member Renewing Member

Associate Member - Doing business in the field of organizing as a (check all that apply)
 Manufacturer Distributor Retailer
 Other (please specify) _____

Company products and services (describe here and attach sales literature or brochure):

Name: _____ Business name: _____

Mailing address: _____

Phone: (_____) _____ - _____ E-mail address: _____

Fax: (_____) _____ - _____ Web site: _____

Call first to Fax? Yes No

Cell: (_____) _____ - _____ How did you learn about the Chapter? _____

(Circle) Are you the **owner** or an **employee** of the above company? Date Business Started: _____

Geographic area served: _____

I am a Golden Circle Member I am a NSGCD Member

I am also a member of the following professional organizations: _____

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

| Business Organizing Codes | Residential Organizing Codes |
|---|---|
| Space | |
| <input type="checkbox"/> Ergonomics <input type="checkbox"/> Feng Shui <input type="checkbox"/> Office-Commercial <input type="checkbox"/> Office-Home <input type="checkbox"/> Storage/Warehouse | <input type="checkbox"/> Closet Design and Installation <input type="checkbox"/> Closet Organizing <input type="checkbox"/> Feng Shui <input type="checkbox"/> Garages/Attics/Basements <input type="checkbox"/> Kitchens <input type="checkbox"/> Office (Non-Business) |

| | |
|---|---|
| Information | |
| <input type="checkbox"/> Electronic Only <input type="checkbox"/> Financial/Bookkeeping <input type="checkbox"/> Inventory/Assets Control <input type="checkbox"/> Paper & Electronic <input type="checkbox"/> Paper Only | <input type="checkbox"/> Electronic Only <input type="checkbox"/> Financial/Bookkeeping <input type="checkbox"/> Paper & Electronic <input type="checkbox"/> Paper Only <input type="checkbox"/> Photographs/Memorabilia/Collections |
| Time Management | |
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Time Management |
| Events | |
| <input type="checkbox"/> Meetings <input type="checkbox"/> Moving/Relocation | <input type="checkbox"/> Estate Organizing <input type="checkbox"/> Garages/Estate Sales <input type="checkbox"/> Moving/Relocation |
| Special Services | |
| <input type="checkbox"/> Author/Writer <input type="checkbox"/> Business Coach <input type="checkbox"/> Coach for New Organizer <input type="checkbox"/> Group Training <input type="checkbox"/> International Travel <input type="checkbox"/> National Travel <input type="checkbox"/> Other Languages <input type="checkbox"/> Personal Coach <input type="checkbox"/> Product Spokesperson <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Author/Writer <input type="checkbox"/> Coach for New Organizer <input type="checkbox"/> Group Training <input type="checkbox"/> Other Languages <input type="checkbox"/> Personal Coach <input type="checkbox"/> Product Spokesperson <input type="checkbox"/> Public Speaking |
| Special Clients | |
| <input type="checkbox"/> Attention Deficit Disorder <input type="checkbox"/> Chronically Disorganized <input type="checkbox"/> Legal Offices <input type="checkbox"/> Manufacturing <input type="checkbox"/> Medical Offices <input type="checkbox"/> People w/ Physical Disabilities | <input type="checkbox"/> Attention Deficit Disorder <input type="checkbox"/> Children <input type="checkbox"/> Chronically Disorganized <input type="checkbox"/> People w/Physical Disabilities <input type="checkbox"/> Seniors <input type="checkbox"/> Students |

Other skills or experience that would be of benefit to the chapter, especially in a volunteer role:

I agree to abide by the NAPO by-laws and the NAPO-North Coast Ohio by-laws and to model my behavior to the NAPO Code of Ethics set forth by the National Association of Professional Organizers. I authorize and permit the person(s) in charge of Chapter records to release to the chapter membership and website, for the purposes of general Chapter publicity, any and all information provided by me on this application except the following information:

Signed: _____ Date: _____

Printed name: _____

Bring both the completed form and payment to the next chapter meeting, or send application and a check payable to: NAPO-North Coast Ohio Chapter, 2002 Dennison Pl. NW, Canton, OH 44709, Attn: Jamie Escola

Office use only:

Membership verified _____ Amount rcvd _____ Pmt method _____ Member packet sent _____
 Updated Board _____ Directory _____ Website _____ Ordered name tag _____