



**NAPO-Nashville Chapter  
MEMBERSHIP APPLICATION**

**Note: To join NAPO-Nashville Chapter, membership in NAPO is required.**

Please type or print all information  
(Circle) Mr. / Ms. / Mrs. / Miss

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. /Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ Cell Phone: (Optional) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Call First to Fax? Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Golden Circle Member: Yes \_\_\_\_\_ No \_\_\_\_\_

(Circle) Are you the **owner** or an **employee** of the above company?

How did you learn about NAPO- Nashville Chapter? \_\_\_\_\_

Please check one.

- I am currently a NAPO Member. NAPO ID# \_\_\_\_\_
- My application and fee for membership in NAPO is enclosed.

**Using as a guide the NAPO Specialty Legend that follows, check all services you provide. These will be included in the chapter directory and web site. (Don't worry if you don't know yet, just leave blank if that is the case. It can always be updated later.)**

<b>RESIDENTIAL</b>	<b>OFFICES</b>	<b>SPECIAL CLIENTS</b>	
COLLECTIONS/MEMORABILIA	CORPORATE	ADD	
CLOSETS	INFORMATION MANAGEMENT	SENIORS	
GARAGE/ATTIC/BASEMENT	TIME MANAGEMENT	DISABLED	
ESTATE/GARAGE SALES	SPACE DESIGN	CHRONICALLY DISORGANIZED	
MOVING/RELOCATION	PAPER MANAGEMENT		
HOME OFFICE	ERGONOMICS		
SINGLE ROOM / ENTIRE HOUSE	PUBLIC SPEAKING		
SPACE PLANNING	COACHING		



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The term of membership in NAPO – Nashville Chapter is October 1–September 30. Membership in NAPO is required for chapter membership. Your application for membership to the chapter cannot be processed until your membership in NAPO is confirmed. If your NAPO membership expires, you cease to be a chapter member and you do not receive a refund from the chapter.

**Disclaimer:** I, \_\_\_\_\_, hereby authorize and permit the person or persons in charge of NAPO-Nashville Chapter records to release to the chapter web site, for the purposes of general NAPO-Nashville Chapter publicity, any and all information provided by me to the chapter on this and other similar membership data forms except the following information:

\_\_\_\_\_.

Signature: \_\_\_\_\_

Date of application and signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed name: \_\_\_\_\_

I agree to abide by the NAPO bylaws and to model my behavior to the NAPO Code of Ethics set forth by the National Association of Professional Organizers.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NAPO-Nashville Chapter Dues** are tax-deductible by members as an ordinary and necessary business expense. Dues include a \$25.00 one-time, non-refundable processing fee.

Dues enclosed—please check one.

- \$ \_\_\_\_\_ (New Member)  
 \$ \_\_\_\_\_ (Renewing Member)

Send completed application and a check payable to **NAPO-Nashville Chapter** to:

NAPO-Nashville Chapter  
P.O. Box 183  
Brentwood, TN 37024

Remember, for the most up-to-date information visit our web site at <http://www.naponashville.com>.

Office use only:

Received:	Member packet sent:	Distribution: FP BT JT PS
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