



Connecticut Chapter Regular Member Application

A Regular Member is a Professional Organizer that performs organizing services for businesses or residences.

Name: _____

Date of Application: _____

Company Name	
Mailing Address	
Business Phone	
Cell Phone	Fax Number
Email Address	
Company Slogan	
How did you learn about NAPO-CT?	

NAPO National Membership is required: Yes I am a national member – NAPO ID # _____
 No, but I plan on joining immediately
(this application will not be processed until NAPO membership is verified)

Before becoming a Professional Organizer, I worked in the following businesses/fields:

I would like to volunteer to help with:

Communications Programming Membership Public Relations _____ _____

Describe your business in 40 words or less:

Describe your service area:

Membership may not be transferred or refunded.

Returned Check Policy: If a check is returned for insufficient funds, NAPO-CT will charge the drawer of the check a service charge of \$25.00. He or she may submit another check to cover all monies owed. The second time a check is returned for insufficient funds, NAPO-CT will charge the drawer of the check an additional service charge of \$25.00, and will be required to make all future payments to NAPO-CT in the form of a bank check, money order, or cash.

Renewal Late Payment Policy: NAPO-CT membership renewals are due on the first day of October. Members have a 30-day grace period in which to pay their dues. Members whose dues are not received by the last day of the renewal month will no longer be considered a member in good standing and will not receive the benefits of NAPO-CT membership. All members whose dues are postmarked AFTER the last day of the renewal month will be required to pay an additional \$25 processing fee to reinstate their membership.

Please note: NAPO-CT Regular membership is contingent upon NAPO National membership. It is important to maintain your NAPO membership, or your NAPO-CT membership becomes invalid. If you are not a member of NAPO at the time of your NAPO-CT renewal, your renewal will be denied and it will be necessary for you to reapply and pay all applicable fees.

Membership Dues: We have an annual renewal date of October 1 st . Therefore, your initial membership dues are dependent upon when you join during the year.	If you are joining during January, February and March – then pay:	\$82.50	
	If you are joining during April, May and June – then pay:	\$55.00	
	If you are joining during July, August, September – then pay:	\$27.50	
	If you are joining during October, November, December – then pay:	\$110.00	
Website Link: If you would like to add your website link to your listing on the NAPO-CT website...	Write website address here:	add \$7.00	
Logo/Photo: If you would like to add your logo or picture to your listing on the NAPO-CT website...	e-mail image to: membership@napoct.com	add \$7.00	
Specialties: Your first five are free, each additional one is \$3.00.	Check off your specialties in the table immediately below.	add \$3.00 for each specialty over five.	
One-time processing fee for new members			\$25.00
Total Amount Due	Make check payable to “NAPO-CT”		

As a benefit of membership, your business can be listed on our Chapter website. Please indicate your specialties below. The first five are listed for free. The cost for each additional specialty listing is \$3 each.

<input type="checkbox"/> Author/Writer	<input type="checkbox"/> Professional Organizer Coach	<input type="checkbox"/> Procedure Manuals
<input type="checkbox"/> Chronic Disorganization	<input type="checkbox"/> Garages/Attics/Basements	<input type="checkbox"/> Product Spokesperson
<input type="checkbox"/> Closet Designing	<input type="checkbox"/> Garage/Tag Sales	<input type="checkbox"/> Products
<input type="checkbox"/> Closet Organizing	<input type="checkbox"/> Health Insurance Claims	<input type="checkbox"/> Records Management
<input type="checkbox"/> Collections/Memorabilia/Photos	<input type="checkbox"/> Home Offices	<input type="checkbox"/> Residential
<input type="checkbox"/> Computer Consulting/Training	<input type="checkbox"/> Information Management	<input type="checkbox"/> Seminars/Public Speaking
<input type="checkbox"/> Corporations	<input type="checkbox"/> Kitchen Designing	<input type="checkbox"/> Space Designing
<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Kitchen Organizing	<input type="checkbox"/> Space Organizing
<input type="checkbox"/> Errands/Personal Shopping	<input type="checkbox"/> Legal Offices	<input type="checkbox"/> Time Management/Goal Setting
<input type="checkbox"/> Estate Organization	<input type="checkbox"/> Medical Offices	<input type="checkbox"/> Wardrobe Consulting
<input type="checkbox"/> Event/Meeting Planning	<input type="checkbox"/> Moving/Relocations	<input type="checkbox"/> Work with Children
<input type="checkbox"/> Filing Systems	<input type="checkbox"/> Offices	<input type="checkbox"/> Work with ADD
<input type="checkbox"/> Finance/Bookkeeping	<input type="checkbox"/> Organizing Products	<input type="checkbox"/> Work with Seniors
	<input type="checkbox"/> Other Languages	<input type="checkbox"/> Work with Students
	<input type="checkbox"/> Paper Management	

Disclaimer: I hereby authorize and permit NAPO-CT to release to the chapter website, for purposes of general NAPO-CT chapter publicity, all information provided by me on this membership data form. **YES** **NO**

Signature: _____ Date: _____

Mail this form and payment to: NAPO-CT, 994 North Colony Rd. PMB 127, Wallingford, CT 06492